

State: Virginia Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Filing at a Glance

Company: Great American Life Insurance Company
Product Name: Long Term Care
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate
Date Submitted: 06/15/2021
SERFF Tr Num: GLTC-132874956
SERFF Status: Closed-Approved
State Tr Num: GLTC-132874956
State Status: Approved
Co Tr Num: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES
Effective: On Approval
Date Requested:
Author(s): Beth Lovaas, Noah Simonson, Melissa Sample, Elizabeth O'Brien, Madison Nahrup, David Weizeorick, Jacob Allensworth, Kyle Diaz
Reviewer(s): Bill Dismore (primary)
Disposition Date: 04/07/2022
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

General Information

Project Name: GALIC FORMS RATE INCREASE FILING FOR Status of Filing in Domicile: Pending
2019 (2LTC) - GAIC POLICIES

Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: Texas is the state of domicile.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 150% Filing Status Changed: 04/07/2022
State Status Changed: 04/07/2022
Deemer Date: 02/04/2022 Created By: David Weizeorick
Submitted By: David Weizeorick Corresponding Filing Tracking Number: GLTC-131940319
State TOI: LTC03I Individual Long Term Care

Filing Description:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing is for the policyholders who did not accept the Notice of Assumption when Great American Life Insurance Company was assumed by United Teacher Associates Insurance Company in 2010. Continental General Insurance Company is administering these policies and we have included a Letter of Authorization from Great American Life Insurance Company to make this filing. This document is included under the Supporting Document tab of this filing. As of 10/31/2018, our company has 17 policyholder who have policy #2LTCIP0001. For simplicity, these policies that did not accept the merger can be referred to as "GAIC policies."

Please note this is a continuation of the filing that was submitted and approved for Continental General Insurance Company (NAIC # 71404) – SERFF Tracking #GLTC-131940319, but this filing is for the policies that did not accept the merger. This filing relies on the same analysis but is filed separately for GAIC policies at the Bureau's request.

This filing applies to inforce GAIC policies issued in this state. The above referenced policy forms are Individual Long Term Care insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Company and Contact

Filing Contact Information

Madison Nahrup, Manager of Pricing Madison.Nahrup@continental-ins.com
11001 Lakeline Blvd. Suite 120 512-969-2837 [Phone]
Austin, TX 78720

SERFF Tracking #: GLTC-132874956

State Tracking #: GLTC-132874956

Company Tracking #: GALIC FORMS RATE
INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Filing Company Information

Great American Life Insurance
Company
11001 Lakeline Blvd
Suite 120
Austin, TX 78717
(866) 830-0607 ext. [Phone]

CoCode: 63312
Group Code: 84
Group Name:
FEIN Number: 13-1935920

State of Domicile: Ohio
Company Type: Life & Health
State ID Number:

SERFF Tracking #: GLTC-132874956

State Tracking #: GLTC-132874956

Company Tracking #: GALIC FORMS RATE
INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

GLTC-132874956

State Tracking #:

GLTC-132874956

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Filing Company: Great American Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	04/07/2022	04/07/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	01/06/2022	01/06/2022
Info has been requested from company	Bill Dismore	12/16/2021	12/16/2021
Info has been requested from company	Bill Dismore	12/07/2021	12/07/2021
Info has been requested from company	Bill Dismore	08/10/2021	08/10/2021
Info has been requested from company	Bill Dismore	07/29/2021	07/29/2021
Info has been requested from company	Bill Dismore	07/23/2021	07/23/2021
Info has been requested from company	Bill Dismore	06/22/2021	06/22/2021
Info has been requested from company	Bill Dismore	06/22/2021	06/22/2021

Response Letters

Responded By	Created On	Date Submitted
David Weizeorick	04/07/2022	04/07/2022
Jacob Allensworth	01/05/2022	01/05/2022
Jacob Allensworth	01/05/2022	01/05/2022
Jacob Allensworth	08/31/2021	08/31/2021
Jacob Allensworth	08/09/2021	08/10/2021
Jacob Allensworth	08/09/2021	08/10/2021
Jacob Allensworth	07/22/2021	07/22/2021
David Weizeorick	06/29/2021	06/29/2021

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CGI(GAL-01) – RINC(VA)(0320)-BR	Jacob Allensworth	08/31/2021	08/31/2021
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFO	Jacob Allensworth	08/31/2021	08/31/2021

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	Jacob Allensworth	08/31/2021	08/31/2021
Form	CGI(GAL) – RINC(VA)(0320)	David Weizeorick	07/21/2021	07/21/2021
Form	CGI(GAL) – RINC(VA)(0320)LP	David Weizeorick	07/21/2021	07/21/2021
Form	CGI(GAL) – RINC(VA)(0320)	David Weizeorick	06/29/2021	06/29/2021
Form	CGI(GAL-01) – RINC(VA)(0320)-BR	David Weizeorick	06/29/2021	06/29/2021
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFO	David Weizeorick	06/29/2021	06/29/2021
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	David Weizeorick	06/29/2021	06/29/2021
Form	CGI(GAL) – RINC(VA)(0320)LP	David Weizeorick	06/29/2021	06/29/2021

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Summary & Opinion Report	Reviewer Note	Bill Dismore	08/09/2021	
RRS	Reviewer Note	Bill Dismore	06/16/2021	

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Disposition

Disposition Date: 04/07/2022

Effective Date:

Status: Approved

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Great American Life Insurance Company	150.000%	150.000%	\$35,769	17	\$23,846	150.000%	150.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	CGI(GAL) – RINC(VA)(0320)	Approved	Yes
Form (revised)	CGI(GAL-01) – RINC(VA)(0320)-BR	Approved	Yes
Form (revised)	CGI(GAL-01) – RINC(VA)(0320)-CNFO	Approved	Yes
Form (revised)	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	Approved	Yes
Form (revised)	CGI(GAL) – RINC(VA)(0320)LP	Approved	Yes
Form	CGI(GAL) – RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-BR	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFO	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)LP	Withdrawn	No

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	CGI(GAL) – RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)LP	Withdrawn	No
Form	CGI(GAL) – RINC(VA)(0320)LP	Withdrawn	No
Rate	VA - GALIC 2LTCI Rate Sheets	Approved	Yes
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Authorization to File for Great American Life Insurance Company	Received & Acknowledged	Yes
Supporting Document	Response to Objection #1 Dated 06/22/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #2 Dated 06/22/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #3 Dated 07/23/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #4 Dated 07/29/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #5 Dated 08/10/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #6 Dated 12/07/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection #7 Dated 12/16/2021	Received & Acknowledged	Yes
Supporting Document	Contingent Nonforfeiture Endorsement Form - Approved 4/7/2022 under GLTC-132308255	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/06/2022
Submitted Date	01/06/2022
Respond By Date	02/05/2022

Dear Madison Nahrup,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)

Comments: Please notify us once the Contingent Nonforfeiture Endorsement filed under SERFF # GLTC-132319508 has been approved and place a copy of the approved form under the Supporting Documentation tab.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/16/2021
Submitted Date	12/16/2021
Respond By Date	01/06/2022

Dear Madison Nahrup,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Response to Objection #3 Dated 07/23/2021 (Supporting Document)

Comments: Page 5 is blank in the John Doe letter when printed. In a legal document, a blank page should have a statement such as "Page is Intentionally Blank". Please advise why this is blank as it does not match the form. This does not allow the John Doe letter to line up with the forms as submitted under the Forms Schedule.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within the "Respond By" date.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/07/2021
Submitted Date	12/07/2021
Respond By Date	01/06/2022

Dear Madison Nahrup,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CGI(GAL-01) – RINC(VA)(0320)-CNFO, CGI(GAL-01) – RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) – RINC(VA)(0320)-CNFOLP, CGI(GAL-01) – RINC(VA)(0320)-CNFOLP (Form)

Comments: We understand that the company has filed with the Virginia Bureau of Insurance a Contingent Nonforfeiture Benefit Endorsement (4LTC (GALIC)-CNFO-ENDORSE-VA) under SERFF #GLTC-132319508.

Please explain the difference between that form and the two similar forms filed in this filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/10/2021
Submitted Date	08/10/2021
Respond By Date	09/09/2021

Dear Madison Nahrup,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)
 - CGI(GAL) – RINC(VA)(0320)LP, CGI(GAL) – RINC(VA)(0320)LP (Form)
 - Response to Objection #4 Dated 07/29/2021 (Supporting Document)
- Comments: 1) The changes made to the top left corner of the letter does not comply with 14VAC5-101-60 2.

We believe the company would be in compliance with something similar to the example below.

Great American Life Insurance Company (in bold text)
Administered by Continental General Insurance Company (not in bold text)
P.O. Box 203098
Austin, TX 78720

2) In addition, please reverse the changes made in the second paragraph on page 1. Return to the original text "The Company" and remove the underlined new text.

Please understand that Continental General Insurance Company does not have the right to request a future rate increase. Only Great American Insurance Company has that right.

3) Throughout the letter the word "us" is used 26 times. This word is confusing to the policyholder. Our concern would be resolved if the company would review the entire letter and replace the word "us" with "our administrator, Continental General Insurance Company" or "our administrator" as appropriate.

Objection 2

- Response to Objection #3 Dated 07/23/2021 (Supporting Document)
- Comments: Please revise the "John Doe" letters to comply and match the form letters per the objection letter dated 8/10/2021.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

*Sincerely,
Bill Dismore*

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/29/2021
Submitted Date 07/29/2021
Respond By Date 08/12/2021

Dear Madison Nahrup,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)
- CGI(GAL) – RINC(VA)(0320)LP, CGI(GAL) – RINC(VA)(0320)LP (Form)

Comments: We are concerned that the policyholder does not know they are contacting Great American Life Insurance Company. The customer service phone number provided is answered as Continental General Insurance Company. Please explain how a policyholder would understand to continue the call.

In addition, the P.O. Box is the same provided for Continental General. We are concerned that addressing a letter to Great American Life Insurance Company to Continental General's P.O. box could be returned to sender due to an incorrect addressee.

Our concerns would be addressed if the company explained the relationship between Continental General and Great American Life explained who the Great American Life policyholder would be talking with about their long term care rates and any changes they are interested in making. That should be clear in the policyholder letter.

Objection 2

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)
- CGI(GAL) – RINC(VA)(0320)LP, CGI(GAL) – RINC(VA)(0320)LP (Form)

Comments: Please remove the redline versions of the policyholder notification letters from the Form Schedule tab and place these under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within the "Respond by Date" unless a 30-day extension is requested.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/23/2021
Submitted Date	07/23/2021
Respond By Date	08/22/2021

Dear Madison Nahrup,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)
- CGI(GAL-01) – RINC(VA)(0320)-BR, CGI(GAL-01) – RINC(VA)(0320)-BR (Form)
- CGI(GAL-01) – RINC(VA)(0320)-CNFO, CGI(GAL-01) – RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) – RINC(VA)(0320)-CNFOLP, CGI(GAL-01) – RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL) – RINC(VA)(0320)LP, CGI(GAL) – RINC(VA)(0320)LP (Form)

Comments: 1) Please provide a Statement of Variability for each form as necessary.

2) Pursuant to 14VAC5-101-60 5. provide a "John Doe" version of each final form to indicate how it is intended to be used.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/22/2021
Submitted Date	06/22/2021
Respond By Date	07/22/2021

Dear Madison Nahrup,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.

b. For the pre-stability block, assumptions are to be best-estimate. For the post-stability block, assumptions may include appropriate margins for moderately adverse conditions.

c. Premiums should be at the Virginia rate level for both historical and projected future.

d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a. current assumptions and current rates

b. current assumptions with the proposed rate increase

c. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

d. actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)

e. original assumptions and original premiums from inception

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each of the six subsets of the business used in the projections above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the 58/85 Tests for each subset and include all projections required to validate those tests.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide details of the original assumptions used.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the current assumptions are consistent with the most recent asset adequacy testing.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a discussion of the level of credibility the Company placed on the 1,171 actual claims and how that was considered in the adjustment made to the LTCGs.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the disparity between the implied voluntary lapse rate in years 10+ and the significantly higher current lapse rate as shown in Exhibit D-1.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the Prospective PV and If Knew/Makeup Blend allowable increases as currently under consideration by the NAIC.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/22/2021
Submitted Date	06/22/2021
Respond By Date	07/22/2021

Dear Madison Nahrup,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- CGI(GAL) – RINC(VA)(0320), CGI(GAL) – RINC(VA)(0320) (Form)
- CGI(GAL-01) – RINC(VA)(0320)-BR, CGI(GAL-01) – RINC(VA)(0320)-BR (Form)
- CGI(GAL-01) – RINC(VA)(0320)-CNFO, CGI(GAL-01) – RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) – RINC(VA)(0320)-CNFOLP, CGI(GAL-01) – RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL) – RINC(VA)(0320)LP, CGI(GAL) – RINC(VA)(0320)LP (Form)

Comments: Please advise if it is the company's intent to file separate forms for each of the Long-term care rate increase filings.

Should the company decide to file the forms under one of the current filings, please provide the SERFF Tracking number for the filing under which forms are to be reviewed. The related filings should reference that SERFF tracking # if those forms are to be used in conjunction with the rate request filing.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2022
Submitted Date	04/07/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

The Contingent Nonforfeiture Endorsement form filed under GLTC-132308255 was approved and has been attached under the Supporting Documentation tab of this filing. We understand that the VA Bureau of Insurance is ready to approve our rate request.

Related Objection 1

Applies To:

- CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)

Comments: Please notify us once the Contingent Nonforfeiture Endorsement filed under SERFF # GLTC-132319508 has been approved and place a copy of the approved form under the Supporting Documentation tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Contingent Nonforfeiture Endorsement Form - Approved 4/7/2022 under GLTC-132308255
Comments:	
Attachment(s):	2LTC (GALIC)-CNFO-ENDORSE-VA_rev 03.16.22.pdf

Conclusion:

Sincerely,
David Weizeorick

State: Virginia Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/05/2022
Submitted Date 01/05/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #7 Dated 12/16/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection #3 Dated 07/23/2021 (Supporting Document)

Comments: Page 5 is blank in the John Doe letter when printed. In a legal document, a blank page should have a statement such as "Page is Intentionally Blank". Please advise why this is blank as it does not match the form. This does not allow the John Doe letter to line up with the forms as submitted under the Forms Schedule.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Table with 2 columns: Field (Satisfied - Item, Comments, Attachment(s)) and Value (Response to Objection #7 Dated 12/16/2021, VA 2LTCI Objection 7 - GAIC - Response.pdf, RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.12 limited pay - John Doe.pdf)

Conclusion:

Sincerely,
Jacob Allensworth

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/05/2022
Submitted Date	01/05/2022

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #6 Dated 12/07/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL-01) RINC(VA)(0320)-CNFO, CGI(GAL-01) RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) RINC(VA)(0320)-CNFOLP, CGI(GAL-01) RINC(VA)(0320)-CNFOLP (Form)

Comments: We understand that the company has filed with the Virginia Bureau of Insurance a Contingent Nonforfeiture Benefit Endorsement (4LTC (GALIC)-CNFO-ENDORSE-VA) under SERFF #GLTC-132319508.

Please explain the difference between that form and the two similar forms filed in this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #6 Dated 12/07/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 6 - GAIC - Response.pdf

Conclusion:

Sincerely,
Jacob Allensworth

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/31/2021
Submitted Date	08/31/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #5 Dated 08/10/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- *Response to Objection #4 Dated 07/29/2021 (Supporting Document)*
- *CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)*
- *CGI(GAL) RINC(VA)(0320)LP, CGI(GAL) RINC(VA)(0320)LP (Form)*

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Comments: 1) *The changes made to the top left corner of the letter does not comply with 14VAC5-101-60 2.*

We believe the company would be in compliance with something similar to the example below.

*Great American Life Insurance Company (in bold text)
Administered by Continental General Insurance Company (not in bold text)
P.O. Box 203098
Austin, TX 78720*

2) In addition, please reverse the changes made in the second paragraph on page 1. Return to the original text "The Company" and remove the underlined new text.

Please understand that Continental General Insurance Company does not have the right to request a future rate increase. Only Great American Insurance Company has that right.

3) Throughout the letter the word "us" is used 26 times. This word is confusing to the policyholder. Our concern would be resolved if the company would review the entire letter and replace the word "us" with "our administrator, Continental General Insurance Company" or "our administrator" as appropriate.

Changed Items:

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/31/2021 By: Jacob Allensworth
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf	Date Submitted: 08/31/2021 By: Jacob Allensworth
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
2	CGI(GAL) –	CGI(GAL) –	OTH	Other	Notification Letter	57.500	CGI(GAL-01) –	Date Submitted:

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/31/2021 By: Jacob Allensworth
	<i>RINC(VA)(0320)L P</i>	<i>RINC(VA)(0320)L P</i>			<i>- Limited Pay</i>		<i>RINC(VA)(0320)L P.pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf</i>	<i>07/21/2021 By:</i>
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 06/15/2021 By: David Weizeorick

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #5 Dated 08/10/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 5 - GAIC - Response.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 limited pay - John Doe.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 no limited pay - John Doe.pdf

Response 2

Comments:

Please find our response attached under the heading "Response to Objection #5 Dated 08/10/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

- Response to Objection #3 Dated 07/23/2021 (Supporting Document)
 Comments: Please revise the "John Doe" letters to comply and match the form letters per the objection letter dated 8/10/2021.

Changed Items:

No Form Schedule items changed.
 No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #5 Dated 08/10/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 5 - GAIC - Response.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 limited pay - John Doe.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 no limited pay - John Doe.pdf

Conclusion:

Sincerely,
 Jacob Allensworth

SERFF Tracking #: GLTC-132874956 State Tracking #: GLTC-132874956 Company Tracking #: GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/09/2021
Submitted Date 08/10/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #4 Dated 7/29/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)
- CGI(GAL) RINC(VA)(0320)LP, CGI(GAL) RINC(VA)(0320)LP (Form)

Comments: We are concerned that the policyholder does not know they are contacting Great American Life Insurance Company. The customer service phone number provided is answered as Continental General Insurance Company. Please explain how a policyholder would understand to continue the call.

In addition, the P.O. Box is the same provided for Continental General. We are concerned that addressing a letter to Great American Life Insurance Company to Continental General's P.O. box could be returned to sender due to an incorrect addressee.

Our concerns would be addressed if the company explained the relationship between Continental General and Great American Life explained who the Great American Life policyholder would be talking with about their long term care rates and any changes they are interested in making. That should be clear in the policyholder letter.

Changed Items:

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL) – RINC(VA)(0320)LP	Date Submitted: 06/29/2021

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
	<i>P</i>	<i>P</i>					<i>P.pdf</i>	<i>By:</i>
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L <i>P</i>	CGI(GAL) – RINC(VA)(0320)L <i>P</i>	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L <i>P.pdf</i>	Date Submitted: 06/15/2021 By: David Weizeorick

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #4 Dated 07/29/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 4 - GAIC - Response.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf

Response 2

Comments:

Please find our response attached under the heading "Response to Objection #4 Dated 7/29/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)
- CGI(GAL) RINC(VA)(0320)LP, CGI(GAL) RINC(VA)(0320)LP (Form)

Comments: Please remove the redline versions of the policyholder notification letters from the Form Schedule tab and place these under the Supporting Documentation tab.

Changed Items:

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL) – RINC(VA)(0320)LP	Date Submitted: 06/29/2021

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf	Date Submitted: 08/10/2021 By: Jacob Allensworth
	<i>P</i>	<i>P</i>					<i>P.pdf</i>	<i>By:</i>
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L <i>P</i>	CGI(GAL) – RINC(VA)(0320)L <i>P</i>	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L <i>P.pdf</i>	Date Submitted: 06/15/2021 By: David Weizeorick

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #4 Dated 07/29/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 4 - GAIC - Response.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf

Conclusion:

Sincerely,
Jacob Allensworth

State: Virginia Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/09/2021
Submitted Date 08/10/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #3 Dated 7/23/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL-01) RINC(VA)(0320)-BR, CGI(GAL-01) RINC(VA)(0320)-BR (Form)
- CGI(GAL-01) RINC(VA)(0320)-CNFO, CGI(GAL-01) RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) RINC(VA)(0320)-CNFOLP, CGI(GAL-01) RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)
- CGI(GAL) RINC(VA)(0320)LP, CGI(GAL) RINC(VA)(0320)LP (Form)

Comments: 1) Please provide a Statement of Variability for each form as necessary.

2) Pursuant to 14VAC5-101-60 5. provide a "John Doe" version of each final form to indicate how it is intended to be used.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #3 Dated 07/23/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 3 - GAIC - Response.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)LP.pdf RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 limited pay - John Doe.pdf RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 no limited pay - John Doe.pdf

Conclusion:

Sincerely,
 Jacob Allensworth

State: Virginia Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/22/2021
Submitted Date 07/22/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

- a.Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.
b.For the pre-stability block, assumptions are to be best-estimate. For the post-stability block, assumptions may include appropriate margins for moderately adverse conditions.
c.Premiums should be at the Virginia rate level for both historical and projected future.
d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 2

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Comments: To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

d.actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)

e.original assumptions and original premiums from inception

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf</i>
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 3

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each of the six subsets of the business used in the projections above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf GALIC Exhibits - VA (2LTCL).pdf Managing Long-Term Care Risk - 2021.pdf
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCL Objection 2 - GAIC - Response.pdf

Response 4

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the 58/85 Tests for each subset and include all projections required to validate those tests.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf</i>
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 5

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 6

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide details of the original assumptions used.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf GALIC Exhibits - VA (2LTCL).pdf Managing Long-Term Care Risk - 2021.pdf
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCL Objection 2 - GAIC - Response.pdf

Response 7

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the current assumptions are consistent with the most recent asset adequacy testing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 8

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a discussion of the level of credibility the Company placed on the 1,171 actual claims and how that was considered in the adjustment made to the LTCGs.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf</i>
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 9

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the disparity between the implied voluntary lapse rate in years 10+ and the significantly higher current lapse rate as shown in Exhibit D-

1.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Supporting Document Schedule Item Changes

Satisfied - Item: L&H Actuarial Memorandum

Comments:

Attachment(s):
 GALIC Cover Letter - VA (2LTC) - GAIC.pdf
 GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf
 GALIC Appendices - VA (2LTCI) - GAIC.pdf
 Managing Long-Term Care Risk - 2021.pdf
 GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx
 GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf

Previous Version

Satisfied - Item: L&H Actuarial Memorandum

Comments:

Attachment(s):
 GALIC Cover Letter - VA (2LTC) - GAIC.pdf
 GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf
 GALIC Appendices - VA (2LTCI) - GAIC.pdf
 GALIC Exhibits - VA (2LTCI).pdf
 Managing Long-Term Care Risk - 2021.pdf

Satisfied - Item: Response to Objection #2 Dated 06/22/2021

Comments:

Attachment(s): VA 2LTCI Objection 2 - GAIC - Response.pdf

Response 10

Comments:

Please find our response attached under the heading "Response to Objection #2 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the Prospective PV and If Knew/Makeup Blend allowable increases as currently under consideration by the NAIC.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf</i> <i>GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Appendices - VA (2LTCL) - GAIC.pdf</i> <i>GALIC Exhibits - VA (2LTCL).pdf</i> <i>Managing Long-Term Care Risk - 2021.pdf</i>

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCI) - GAIC.pdf GALIC Appendices - VA (2LTCI) - GAIC.pdf GALIC Exhibits - VA (2LTCI).pdf Managing Long-Term Care Risk - 2021.pdf</i>
Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf

Conclusion:

Sincerely,
Jacob Allensworth

State: Virginia	Filing Company: Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care	
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/29/2021
Submitted Date	06/29/2021

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection #1 Dated 06/22/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(GAL) RINC(VA)(0320), CGI(GAL) RINC(VA)(0320) (Form)
- CGI(GAL-01) RINC(VA)(0320)-BR, CGI(GAL-01) RINC(VA)(0320)-BR (Form)
- CGI(GAL-01) RINC(VA)(0320)-CNFO, CGI(GAL-01) RINC(VA)(0320)-CNFO (Form)
- CGI(GAL-01) RINC(VA)(0320)-CNFOLP, CGI(GAL-01) RINC(VA)(0320)-CNFOLP (Form)
- CGI(GAL) RINC(VA)(0320)LP, CGI(GAL) RINC(VA)(0320)LP (Form)

Comments: Please advise if it is the company's intent to file separate forms for each of the Long-term care rate increase filings.

Should the company decide to file the forms under one of the current filings, please provide the SERFF Tracking number for the filing under which forms are to be reviewed. The related filings should reference that SERFF tracking # if those forms are to be used in conjunction with the rate request filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection #1 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 1 - GAIC - Response.pdf

Conclusion:

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Sincerely,
David Weizeorick

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Amendment Letter

Submitted Date: 08/31/2021

Comments:

The following policy letters have also been revised to remove the word "us" in response to Objection #5 dated 08/10/2021.

Changed Items:

SERFF Tracking #:

GLTC-132874956

State Tracking #:

GLTC-132874956

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Great American Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page	56.860	CGI(GAL-01) – RINC(VA)(0320)-BR.pdf	Date Submitted: 08/31/2021 By:
<i>Previous Version</i>								
1	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page	56.860	CGI(GAL-01) – RINC(VA)(0320)-BR.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL-01) – RINC(VA)(0320)-BR.pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page	46.360	CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 08/31/2021 By:
<i>Previous Version</i>								
2	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page	46.360	CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
2	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 06/15/2021 By: David Weizeorick
3	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay	46.700	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 08/31/2021 By:
<i>Previous Version</i>								
3	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay	46.700	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
3	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/15/2021 By: David Weizeorick

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Amendment Letter

Submitted Date: 07/21/2021

Comments:

Please see the revised policyholder notification letters on the Form Schedule tab: CGI(GAL-01) – RINC(VA)(0320).pdf and CGI(GAL-01) – RINC(VA)(0320)LP. The letters have been revised display "Great American Life Insurance Company" in the letterhead.

Also attached with the revised letters are red-line forms showing the changes in the revised letters (including the benefit reduction and contingent nonforfeiture benefit forms) from the corresponding 'CGIC' filing (GLTC-131940319).

Changed Items:

SERFF Tracking #:

GLTC-132874956

State Tracking #:

GLTC-132874956

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Great American Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)L P.pdf, RINC Letter (CGIC to GALIC redline) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf	Date Submitted: 07/21/2021 By:
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
2	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 06/15/2021 By: David Weizeorick

No Rate Schedule Items Changed.

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

No Supporting Documents Changed.

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Amendment Letter

Submitted Date: 06/29/2021

Comments:

Please see Flesch Reading Score added for each form listed under the Form Schedule tab.

Changed Items:

SERFF Tracking #:

GLTC-132874956

State Tracking #:

GLTC-132874956

Company Tracking #:

GALIC FORMS RATE INCREASE FILING
FOR 201...

State: Virginia

Filing Company:

Great American Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
1	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter		CGI(GAL) – RINC(VA)(0320).pdf	Date Submitted: 06/15/2021 By: David Weizeorick
2	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page	56.860	CGI(GAL-01) – RINC(VA)(0320)-BR.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
2	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page		CGI(GAL-01) – RINC(VA)(0320)-BR.pdf	Date Submitted: 06/15/2021 By: David Weizeorick
3	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page	46.360	CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
3	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page		CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf	Date Submitted: 06/15/2021 By: David Weizeorick
4	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay	46.700	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								
4	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay		CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf	Date Submitted: 06/15/2021 By: David Weizeorick
5	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL) – RINC(VA)(0320)LP.pdf	Date Submitted: 06/29/2021 By:
<i>Previous Version</i>								

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
5	CGI(GAL) – RINC(VA)(0320)L P	CGI(GAL) – RINC(VA)(0320)L P	OTH	Other	Notification Letter - Limited Pay		CGI(GAL) – RINC(VA)(0320)L P.pdf	Date Submitted: 06/15/2021 By: David Weizeorick

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Reviewer Note

Created By:

Bill Dismore on 08/09/2021 02:23 PM

Last Edited By:

Bill Dismore

Submitted On:

08/10/2021 02:38 PM

Subject:

Actuarial Summary & Opinion Report

Comments:

Actuary's review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, the actuary confirms that the Company has demonstrated compliance with the laws and regulations.

JOHN T. CONDO, FSA, MAAA, PHD
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU
SHAWN D. PARKS, FSA, MAAA



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994-9895 • SHAWN.PARKS@ARCGA.COM

NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

August 9, 2021

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #GLTC-132874956**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Great American Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated compliance with the dual loss ratio test in the laws and regulations. The Bureau’s interpretation of the future loss ratio test after deducting active life reserves is not in compliance.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

	Post-Stability
Compliant Increase under 14VAC5-200	150%
Future LR w/ALR	81%
Additional Test	Max Allowed
PV Future Loss	full
Prospective PV	149%
If-Knew/Makeup	116%
State Equity	98%



History and Details of Request

The policies in this filing were issued in Virginia from 2004 through 2006 and include 17 policies with \$24k annualized premium as of 10/31/2018, representing about 0.2% of the nationwide inforce. This is the first increase requested for these forms in Virginia. The Company is currently requesting an increase of 150% on all policies.

Note that this is the same block of policies which was approved for a 150% rate increase for the novated policies under GLTC-131940319.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Assumptions are best estimate and do not include any margins. They are consistent with those used for the 2018 asset adequacy testing.

Morbidity – The current morbidity assumptions for incidence, utilization and continuance are based on the Company's own experience combined with the 2017 Milliman LTCGs. The claim costs A/E for this form based on the current assumptions is 97%. The original assumptions were based on the 2002 Milliman LTCGs.

Credibility was determined based on the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The Company had 1,171 claims on all forms, giving the data 60% credibility based on the standard above.

Mortality – The assumed mortality is based on the 2012 IAM Table with mortality steepening factors to adjust from annuitant to LTC mortality, selection factors and other attained age adjustments. The original mortality was based on the 1983 GAM table with selection.

Voluntary Lapse – The current lapse assumptions are based on Company experience based on total terminations less anticipated mortality. The ultimate lapse rate ranges from 0.26% to 2.04% and varies by marital status, gender and inflation type. The original ultimate assumption was 2.0%. Additionally, 19% are assumed to choose a nonforfeiture option.



Interest – the average maximum valuation interest rate of 4.3% is used for discounting the projections.

Projections

Note that I asked the Company to provide projections split by benefit period and inflation, but they responded that “this is a relatively large undertaking, and we do not currently have the resources to focus on this task.” I have presented my analysis based on the data that I have. The Bureau may wish to push back on the Company for additional data.

The loss ratio projections of premium-paying post-stability policies as of 10/31/2018 are summarized below. The Company reports that the original pricing loss ratio using the pricing interest rate for the forms was 69.0%. The loss ratio based on original assumptions at 4.3% interest and adjusted for the actual mix of business sold is 78.6%. This is the standard I have used in the analysis below.

Stability	Original	No Increase			With Increase			153G.2. Test
	LR	Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime	
Post	78.6%	325%	122%	120%	151%	42%	83%	PASS

PV of Future Loss Test

Stability	Original	Current	Proposed	Limit
Post	(63.6M)	(156.5M)	(66.0M)	n/a

For this analysis, I compared the present value of expected future loss under three scenarios: 1) original assumptions; 2) current assumptions and current premiums; and 3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is greater than that expected under original assumptions so no restriction would be required.

Prospective PV Approach

Using the data provided by the Company, I calculated the allowable rate increase as 149% for this method.

If-Knew/Makeup Blend Approach

Using the data provided by the Company, I calculated the allowable rate increase as 116% for this method.



State Rate Equity

The statistics related to rate actions in all states are presented in the table below.

NW Range	NW Avg	VA Curr	VA Prop
0%-188%	98%	0%	150%

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,



Shawn D. Parks, FSA, MAAA

SERFF Tracking #: GLTC-132874956

State Tracking #: GLTC-132874956

Company Tracking #: GALIC FORMS RATE
INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Reviewer Note

Created By:

Bill Dismore on 06/16/2021 03:30 PM

Last Edited By:

Bill Dismore

Submitted On:

04/07/2022 11:42 AM

Subject:

RRS

Comments:

Rate Review Summary

**Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company**

Company Name and NAIC Number: Great American Life Insurance Company, NAIC #63312

SERFF Tracking Number: GLTC-132874956

Revised Rates

Average Annual Premium Per Member: 1,403

Average Requested Percentage Rate Change Per Member: 150%

Range of Requested Rate Changes: 150% - 150%

Number of Virginia Policyholders Affected: 17

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
2LTCIP0001 (VA)	N/A	4/26/2004 to 7/25/2006	None	No further premium rate schedule increases are anticipated at this time.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

Rate Request Summary Supplement: 2LTCIP0001 (VA)

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily terminates his policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: Great American Life Insurance Company
– NAIC # 63312

SERFF Tracking Number: GLTC-132874956

Disposition: Approved & Filed

Approval Date: 4/07/2022

Current Average Annual Premium Per Member: \$1,403

Rate Changes:

Average Percentage Rate Change Per Member: 150%

Minimum Requested Percentage Rate Change Per Member: 150%

Maximum Requested Percentage Rate Change Per Member: 150%

Number of Virginia Policy Holders Affected: 17

Summary of the Bureau's review of the rate request:

The Company requested and the Bureau approved a rate increase of 150% for this block of individual long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 85.4%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Form Schedule

Lead Form Number: 2LTCIP0001 (VA)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 04/07/2022	CGI(GAL) – RINC(VA)(0320)	CGI(GAL) – RINC(VA)(0320)	OTH	Other	Notification Letter	56.880	CGI(GAL-01) – RINC(VA)(0320).pdf
2	Approved 04/07/2022	CGI(GAL-01) – RINC(VA)(0320)-BR	CGI(GAL-01) – RINC(VA)(0320)-BR	OTH	Other	Benefit Reduction Page	56.860	CGI(GAL-01) – RINC(VA)(0320)-BR.pdf
3	Approved 04/07/2022	CGI(GAL-01) – RINC(VA)(0320)-CNFO	CGI(GAL-01) – RINC(VA)(0320)-CNFO	OTH	Other	CNFO Page	46.360	CGI(GAL-01) – RINC(VA)(0320)-CNFO.pdf
4	Approved 04/07/2022	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP	OTH	Other	CNFO Page - Limited Pay	46.700	CGI(GAL-01) – RINC(VA)(0320)-CNFOLP.pdf
5	Approved 04/07/2022	CGI(GAL) – RINC(VA)(0320)LP	CGI(GAL) – RINC(VA)(0320)LP	OTH	Other	Notification Letter - Limited Pay	57.500	CGI(GAL-01) – RINC(VA)(0320)LP.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

[Name] [Today's Date]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
--	--	--

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact our administrator at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling our administrator toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to our administrator in the envelope provided.] [

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to our administrator in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call our administrator toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call our administrator toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow our administrator to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call our administrator toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to our administrator in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call our administrator at [866-830-0607]. Our Client Services Department can help.

Your premium will increase to [\$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to our administrator in the envelope provided.

[Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
Premium After Reducing Benefit	[\$X,XXX.XX]

[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
[Original Assisted Living Facility Daily Benefit	[\$XXX.XX]
Reduced Assisted Living Facility Daily Benefit	[\$XXX.XX]
[Original Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Premium After Reducing Benefit	[\$X,XXX.XX]

[Benefit Reduction Option [3] – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
Premium After Increasing Elimination Period	[\$X,XXX.XX]

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
[Policy Number]

Policy Holder Name: [Policy Holder Name]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to our administrator using the provided envelope.
2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call our administrator toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

This option shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

Sign and date the Contingent Nonforfeiture Benefit Form and return to our administrator using the provided envelope.

2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply. Option 1 will be provided unless you tell our administrator otherwise.

If you have questions, call our administrator toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

[Name] [Today's Date]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
--	--	--

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact our administrator at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling our administrator toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to our administrator in the envelope provided.] [

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to our administrator in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call our administrator toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call our administrator toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow our administrator to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call our administrator toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision:
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: GLTC-131252176

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Great American Life Insurance Company	150.000%	150.000%	\$35,769	17	\$23,846	150.000%	150.000%

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA - GALIC 2LTCI Rate Sheets	2LTCIP0001 (VA)	Revised	Previous State Filing Number: GLTC-131252176 Percent Rate Change Request: 150	2LTCI Rate Sheets - VA (2LTCI).pdf,

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 50% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$11	\$12	\$13	\$14	\$14	\$17
30	\$12	\$13	\$14	\$15	\$15	\$19
31	\$13	\$14	\$15	\$16	\$17	\$20
32	\$14	\$15	\$17	\$17	\$18	\$22
33	\$15	\$16	\$18	\$18	\$19	\$23
34	\$16	\$17	\$19	\$20	\$20	\$25
35	\$17	\$18	\$20	\$21	\$22	\$26
36	\$17	\$20	\$21	\$22	\$23	\$28
37	\$18	\$21	\$22	\$23	\$24	\$30
38	\$19	\$22	\$24	\$25	\$26	\$32
39	\$21	\$23	\$25	\$26	\$27	\$34
40	\$22	\$25	\$26	\$28	\$29	\$36
41	\$23	\$26	\$28	\$29	\$31	\$38
42	\$24	\$27	\$29	\$31	\$32	\$40
43	\$25	\$29	\$31	\$33	\$35	\$43
44	\$27	\$31	\$33	\$35	\$37	\$46
45	\$28	\$32	\$35	\$37	\$39	\$49
46	\$30	\$34	\$37	\$39	\$41	\$52
47	\$31	\$36	\$39	\$41	\$43	\$55
48	\$32	\$37	\$40	\$43	\$45	\$56
49	\$33	\$38	\$41	\$44	\$46	\$58
50	\$33	\$39	\$42	\$45	\$47	\$60
51	\$34	\$40	\$43	\$46	\$48	\$61
52	\$35	\$41	\$45	\$47	\$50	\$63
53	\$37	\$43	\$47	\$50	\$52	\$67
54	\$39	\$45	\$50	\$53	\$55	\$71
55	\$41	\$48	\$52	\$56	\$58	\$74
56	\$43	\$50	\$55	\$58	\$61	\$78
57	\$45	\$52	\$57	\$61	\$64	\$82
58	\$49	\$57	\$63	\$67	\$70	\$90
59	\$53	\$62	\$68	\$73	\$76	\$98
60	\$57	\$67	\$74	\$79	\$83	\$106
61	\$61	\$72	\$79	\$85	\$89	\$114
62	\$65	\$77	\$85	\$91	\$95	\$122
63	\$71	\$84	\$92	\$98	\$103	\$132
64	\$77	\$91	\$100	\$106	\$111	\$142
65	\$83	\$98	\$107	\$114	\$120	\$151
66	\$89	\$104	\$115	\$122	\$128	\$161
67	\$95	\$111	\$122	\$130	\$136	\$171
68	\$106	\$124	\$137	\$146	\$152	\$192
69	\$117	\$138	\$152	\$161	\$169	\$213
70	\$128	\$151	\$166	\$177	\$185	\$233
71	\$139	\$164	\$181	\$193	\$202	\$254
72	\$150	\$177	\$196	\$208	\$218	\$275
73	\$178	\$211	\$233	\$248	\$260	\$327
74	\$207	\$245	\$271	\$288	\$302	\$379
75	\$235	\$279	\$309	\$329	\$344	\$432
76	\$263	\$313	\$346	\$369	\$386	\$484
77	\$292	\$347	\$384	\$409	\$428	\$536
78	\$328	\$390	\$432	\$460	\$482	\$603
79	\$363	\$433	\$480	\$511	\$536	\$669
80	\$399	\$477	\$528	\$563	\$590	\$735
81	\$435	\$520	\$576	\$614	\$643	\$801
82	\$471	\$563	\$625	\$665	\$697	\$868
83	\$528	\$633	\$703	\$749	\$785	\$975
84	\$586	\$703	\$781	\$833	\$873	\$1,082
85	\$644	\$773	\$859	\$916	\$961	\$1,189
86	\$701	\$843	\$938	\$1,000	\$1,048	\$1,296
87	\$759	\$913	\$1,016	\$1,083	\$1,136	\$1,403
88	\$852	\$1,027	\$1,143	\$1,219	\$1,279	\$1,576
89	\$945	\$1,140	\$1,270	\$1,355	\$1,422	\$1,750
90	\$1,038	\$1,254	\$1,398	\$1,491	\$1,565	\$1,923
91	\$1,131	\$1,367	\$1,525	\$1,627	\$1,708	\$2,096
92	\$1,224	\$1,481	\$1,652	\$1,763	\$1,851	\$2,269
93	\$1,374	\$1,665	\$1,859	\$1,985	\$2,084	\$2,549
94	\$1,524	\$1,849	\$2,066	\$2,206	\$2,317	\$2,830
95	\$1,674	\$2,033	\$2,273	\$2,427	\$2,550	\$3,110
96	\$1,824	\$2,217	\$2,480	\$2,649	\$2,783	\$3,390
97+	\$1,974	\$2,402	\$2,687	\$2,870	\$3,016	\$3,670

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 75% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$13	\$14	\$15	\$15	\$19
30	\$13	\$14	\$15	\$16	\$17	\$21
31	\$14	\$15	\$16	\$17	\$18	\$23
32	\$14	\$16	\$18	\$19	\$19	\$24
33	\$15	\$17	\$19	\$20	\$21	\$26
34	\$16	\$18	\$20	\$21	\$22	\$28
35	\$17	\$19	\$21	\$22	\$23	\$29
36	\$18	\$21	\$22	\$24	\$25	\$31
37	\$19	\$22	\$23	\$25	\$26	\$33
38	\$20	\$23	\$25	\$27	\$28	\$35
39	\$21	\$24	\$27	\$28	\$30	\$38
40	\$23	\$26	\$28	\$30	\$31	\$40
41	\$24	\$27	\$30	\$32	\$33	\$42
42	\$25	\$29	\$31	\$33	\$35	\$45
43	\$27	\$31	\$34	\$36	\$37	\$48
44	\$28	\$33	\$36	\$38	\$40	\$51
45	\$30	\$34	\$38	\$40	\$42	\$54
46	\$31	\$36	\$40	\$43	\$45	\$58
47	\$33	\$38	\$42	\$45	\$47	\$61
48	\$34	\$39	\$43	\$46	\$49	\$63
49	\$34	\$40	\$44	\$47	\$50	\$65
50	\$35	\$41	\$46	\$49	\$51	\$66
51	\$36	\$42	\$47	\$50	\$53	\$68
52	\$37	\$43	\$48	\$51	\$54	\$70
53	\$39	\$46	\$51	\$54	\$57	\$74
54	\$41	\$48	\$54	\$57	\$60	\$78
55	\$43	\$51	\$56	\$60	\$63	\$82
56	\$45	\$53	\$59	\$63	\$67	\$86
57	\$47	\$56	\$62	\$66	\$70	\$90
58	\$52	\$61	\$68	\$73	\$76	\$99
59	\$56	\$67	\$74	\$79	\$83	\$107
60	\$60	\$72	\$80	\$85	\$90	\$116
61	\$65	\$77	\$86	\$92	\$96	\$125
62	\$69	\$82	\$92	\$98	\$103	\$133
63	\$75	\$90	\$99	\$106	\$112	\$144
64	\$82	\$97	\$107	\$115	\$120	\$154
65	\$88	\$104	\$115	\$123	\$129	\$165
66	\$94	\$111	\$123	\$131	\$138	\$175
67	\$100	\$118	\$131	\$139	\$146	\$186
68	\$111	\$132	\$146	\$156	\$164	\$208
69	\$123	\$146	\$162	\$173	\$181	\$230
70	\$134	\$160	\$177	\$189	\$198	\$252
71	\$146	\$174	\$193	\$206	\$216	\$274
72	\$157	\$188	\$208	\$222	\$233	\$296
73	\$187	\$223	\$248	\$265	\$278	\$351
74	\$216	\$259	\$288	\$307	\$322	\$407
75	\$246	\$294	\$327	\$350	\$366	\$462
76	\$275	\$330	\$367	\$392	\$411	\$517
77	\$305	\$366	\$407	\$434	\$455	\$573
78	\$342	\$411	\$457	\$488	\$512	\$643
79	\$379	\$456	\$508	\$542	\$568	\$712
80	\$417	\$501	\$559	\$596	\$625	\$782
81	\$454	\$547	\$609	\$650	\$682	\$852
82	\$491	\$592	\$660	\$704	\$738	\$922
83	\$551	\$665	\$742	\$791	\$830	\$1,034
84	\$611	\$738	\$823	\$879	\$922	\$1,146
85	\$670	\$811	\$905	\$966	\$1,014	\$1,258
86	\$730	\$884	\$987	\$1,054	\$1,106	\$1,371
87	\$790	\$957	\$1,069	\$1,141	\$1,198	\$1,483
88	\$887	\$1,076	\$1,202	\$1,283	\$1,347	\$1,663
89	\$983	\$1,194	\$1,335	\$1,425	\$1,496	\$1,844
90	\$1,079	\$1,312	\$1,468	\$1,567	\$1,645	\$2,025
91	\$1,175	\$1,430	\$1,600	\$1,708	\$1,794	\$2,205
92	\$1,272	\$1,549	\$1,733	\$1,850	\$1,943	\$2,386
93	\$1,427	\$1,740	\$1,949	\$2,080	\$2,185	\$2,676
94	\$1,582	\$1,932	\$2,164	\$2,310	\$2,426	\$2,967
95	\$1,737	\$2,123	\$2,379	\$2,540	\$2,668	\$3,258
96	\$1,892	\$2,314	\$2,594	\$2,770	\$2,910	\$3,548
97+	\$2,047	\$2,506	\$2,810	\$3,000	\$3,152	\$3,839

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 100% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$14	\$15	\$16	\$16	\$21
30	\$13	\$15	\$16	\$17	\$18	\$23
31	\$14	\$16	\$17	\$18	\$19	\$25
32	\$15	\$17	\$19	\$20	\$21	\$27
33	\$16	\$18	\$20	\$21	\$22	\$29
34	\$17	\$19	\$21	\$22	\$24	\$31
35	\$18	\$20	\$22	\$24	\$25	\$33
36	\$19	\$22	\$24	\$25	\$26	\$34
37	\$20	\$23	\$25	\$27	\$28	\$36
38	\$21	\$24	\$27	\$28	\$30	\$39
39	\$22	\$26	\$28	\$30	\$32	\$42
40	\$24	\$27	\$30	\$32	\$34	\$44
41	\$25	\$29	\$32	\$34	\$36	\$47
42	\$26	\$30	\$33	\$36	\$38	\$49
43	\$28	\$32	\$36	\$38	\$40	\$53
44	\$29	\$34	\$38	\$41	\$43	\$56
45	\$31	\$36	\$40	\$43	\$46	\$60
46	\$33	\$38	\$43	\$46	\$48	\$64
47	\$34	\$40	\$45	\$48	\$51	\$67
48	\$35	\$42	\$46	\$50	\$52	\$69
49	\$36	\$43	\$47	\$51	\$54	\$71
50	\$37	\$44	\$49	\$52	\$55	\$73
51	\$38	\$45	\$50	\$54	\$57	\$75
52	\$39	\$46	\$51	\$55	\$58	\$77
53	\$41	\$49	\$54	\$59	\$62	\$81
54	\$43	\$51	\$57	\$62	\$65	\$86
55	\$45	\$54	\$60	\$65	\$69	\$90
56	\$48	\$57	\$63	\$68	\$72	\$94
57	\$50	\$59	\$66	\$71	\$75	\$99
58	\$55	\$65	\$73	\$78	\$83	\$108
59	\$59	\$71	\$79	\$85	\$90	\$117
60	\$64	\$76	\$85	\$92	\$97	\$126
61	\$68	\$82	\$92	\$99	\$104	\$135
62	\$73	\$88	\$98	\$105	\$111	\$145
63	\$79	\$95	\$106	\$114	\$120	\$156
64	\$86	\$103	\$114	\$123	\$129	\$167
65	\$92	\$110	\$123	\$131	\$138	\$178
66	\$99	\$118	\$131	\$140	\$147	\$189
67	\$105	\$125	\$139	\$149	\$156	\$200
68	\$117	\$140	\$155	\$166	\$175	\$223
69	\$129	\$154	\$172	\$184	\$193	\$247
70	\$141	\$169	\$188	\$201	\$212	\$270
71	\$153	\$183	\$205	\$219	\$230	\$293
72	\$165	\$198	\$221	\$237	\$249	\$317
73	\$195	\$235	\$263	\$281	\$295	\$375
74	\$226	\$273	\$305	\$326	\$342	\$434
75	\$257	\$310	\$346	\$370	\$389	\$492
76	\$288	\$347	\$388	\$415	\$436	\$551
77	\$318	\$384	\$430	\$460	\$482	\$609
78	\$357	\$432	\$483	\$516	\$542	\$683
79	\$395	\$479	\$536	\$573	\$601	\$756
80	\$434	\$526	\$589	\$629	\$661	\$829
81	\$473	\$573	\$642	\$686	\$720	\$902
82	\$511	\$621	\$695	\$743	\$779	\$976
83	\$573	\$697	\$780	\$834	\$876	\$1,093
84	\$635	\$773	\$866	\$925	\$972	\$1,211
85	\$697	\$849	\$951	\$1,017	\$1,068	\$1,328
86	\$759	\$925	\$1,037	\$1,108	\$1,164	\$1,445
87	\$821	\$1,002	\$1,123	\$1,199	\$1,260	\$1,563
88	\$921	\$1,125	\$1,261	\$1,347	\$1,415	\$1,751
89	\$1,021	\$1,248	\$1,399	\$1,495	\$1,570	\$1,939
90	\$1,120	\$1,371	\$1,538	\$1,642	\$1,725	\$2,127
91	\$1,220	\$1,494	\$1,676	\$1,790	\$1,880	\$2,315
92	\$1,320	\$1,617	\$1,815	\$1,937	\$2,035	\$2,503
93	\$1,480	\$1,815	\$2,038	\$2,176	\$2,286	\$2,804
94	\$1,640	\$2,014	\$2,262	\$2,414	\$2,536	\$3,105
95	\$1,800	\$2,213	\$2,485	\$2,653	\$2,787	\$3,406
96	\$1,960	\$2,411	\$2,709	\$2,891	\$3,038	\$3,707
97+	\$2,120	\$2,610	\$2,933	\$3,129	\$3,288	\$4,009

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Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 125% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$12	\$14	\$15	\$17	\$18	\$23
30	\$13	\$15	\$17	\$18	\$19	\$26
31	\$14	\$17	\$18	\$20	\$21	\$28
32	\$16	\$18	\$20	\$21	\$22	\$30
33	\$17	\$19	\$21	\$23	\$24	\$32
34	\$18	\$20	\$22	\$24	\$25	\$34
35	\$19	\$21	\$24	\$26	\$27	\$36
36	\$20	\$23	\$25	\$27	\$29	\$38
37	\$21	\$24	\$26	\$29	\$30	\$41
38	\$22	\$25	\$28	\$31	\$32	\$43
39	\$23	\$27	\$30	\$33	\$34	\$46
40	\$25	\$29	\$32	\$35	\$37	\$49
41	\$26	\$30	\$34	\$37	\$39	\$52
42	\$27	\$32	\$36	\$39	\$41	\$55
43	\$29	\$34	\$38	\$41	\$44	\$59
44	\$31	\$36	\$41	\$44	\$47	\$63
45	\$33	\$39	\$43	\$47	\$50	\$67
46	\$34	\$41	\$46	\$50	\$52	\$71
47	\$36	\$43	\$48	\$52	\$55	\$75
48	\$37	\$44	\$50	\$54	\$57	\$77
49	\$38	\$45	\$51	\$55	\$59	\$79
50	\$39	\$47	\$52	\$57	\$60	\$81
51	\$40	\$48	\$54	\$58	\$62	\$83
52	\$41	\$49	\$55	\$60	\$64	\$85
53	\$43	\$52	\$59	\$63	\$67	\$90
54	\$46	\$55	\$62	\$67	\$71	\$95
55	\$48	\$58	\$65	\$70	\$75	\$99
56	\$50	\$61	\$68	\$74	\$78	\$104
57	\$53	\$64	\$72	\$77	\$82	\$109
58	\$58	\$70	\$78	\$85	\$90	\$119
59	\$63	\$76	\$85	\$92	\$97	\$129
60	\$67	\$82	\$92	\$99	\$105	\$138
61	\$72	\$88	\$99	\$107	\$113	\$148
62	\$77	\$94	\$106	\$114	\$121	\$158
63	\$84	\$101	\$114	\$123	\$130	\$170
64	\$91	\$109	\$123	\$132	\$140	\$182
65	\$97	\$117	\$131	\$141	\$149	\$193
66	\$104	\$125	\$140	\$150	\$159	\$205
67	\$111	\$133	\$149	\$160	\$168	\$217
68	\$123	\$148	\$166	\$178	\$188	\$241
69	\$136	\$164	\$183	\$197	\$207	\$266
70	\$148	\$179	\$201	\$215	\$227	\$291
71	\$160	\$194	\$218	\$234	\$246	\$316
72	\$173	\$210	\$235	\$253	\$266	\$341
73	\$205	\$249	\$279	\$300	\$315	\$403
74	\$237	\$288	\$323	\$347	\$365	\$465
75	\$269	\$327	\$367	\$394	\$414	\$527
76	\$301	\$366	\$411	\$441	\$464	\$589
77	\$333	\$405	\$455	\$488	\$513	\$651
78	\$373	\$455	\$511	\$548	\$576	\$728
79	\$413	\$504	\$567	\$607	\$638	\$805
80	\$453	\$553	\$622	\$667	\$701	\$882
81	\$493	\$603	\$678	\$726	\$763	\$959
82	\$533	\$652	\$734	\$786	\$825	\$1,037
83	\$598	\$732	\$823	\$881	\$926	\$1,160
84	\$662	\$812	\$913	\$977	\$1,026	\$1,283
85	\$727	\$891	\$1,003	\$1,072	\$1,127	\$1,406
86	\$791	\$971	\$1,092	\$1,168	\$1,227	\$1,529
87	\$855	\$1,050	\$1,182	\$1,264	\$1,328	\$1,652
88	\$958	\$1,179	\$1,326	\$1,418	\$1,490	\$1,848
89	\$1,062	\$1,307	\$1,471	\$1,571	\$1,651	\$2,044
90	\$1,165	\$1,435	\$1,615	\$1,725	\$1,813	\$2,240
91	\$1,268	\$1,563	\$1,759	\$1,879	\$1,975	\$2,435
92	\$1,371	\$1,691	\$1,904	\$2,033	\$2,136	\$2,631
93	\$1,537	\$1,898	\$2,136	\$2,280	\$2,396	\$2,944
94	\$1,702	\$2,104	\$2,369	\$2,528	\$2,656	\$3,256
95	\$1,868	\$2,310	\$2,601	\$2,775	\$2,917	\$3,568
96	\$2,033	\$2,517	\$2,834	\$3,023	\$3,177	\$3,880
97+	\$2,198	\$2,723	\$3,066	\$3,270	\$3,437	\$4,193

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Current Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 150% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$13	\$15	\$16	\$18	\$19	\$26
30	\$14	\$16	\$18	\$19	\$20	\$28
31	\$15	\$17	\$19	\$21	\$22	\$31
32	\$16	\$19	\$21	\$22	\$24	\$33
33	\$17	\$20	\$22	\$24	\$26	\$35
34	\$18	\$21	\$24	\$26	\$27	\$38
35	\$19	\$22	\$25	\$27	\$29	\$40
36	\$20	\$24	\$27	\$29	\$31	\$42
37	\$21	\$25	\$28	\$31	\$32	\$45
38	\$23	\$27	\$30	\$33	\$35	\$48
39	\$24	\$28	\$32	\$35	\$37	\$51
40	\$26	\$30	\$34	\$37	\$39	\$54
41	\$27	\$32	\$36	\$39	\$42	\$57
42	\$28	\$34	\$38	\$41	\$44	\$61
43	\$30	\$36	\$41	\$44	\$47	\$65
44	\$32	\$38	\$43	\$47	\$50	\$69
45	\$34	\$41	\$46	\$50	\$53	\$74
46	\$36	\$43	\$49	\$53	\$57	\$78
47	\$38	\$45	\$51	\$56	\$60	\$82
48	\$39	\$47	\$53	\$58	\$62	\$84
49	\$40	\$48	\$55	\$60	\$63	\$87
50	\$41	\$49	\$56	\$61	\$65	\$89
51	\$42	\$51	\$58	\$63	\$67	\$91
52	\$43	\$52	\$59	\$65	\$69	\$93
53	\$46	\$55	\$63	\$68	\$73	\$99
54	\$48	\$58	\$66	\$72	\$77	\$104
55	\$51	\$61	\$70	\$76	\$81	\$109
56	\$53	\$65	\$73	\$80	\$85	\$114
57	\$56	\$68	\$77	\$84	\$89	\$119
58	\$61	\$74	\$84	\$91	\$97	\$129
59	\$66	\$80	\$91	\$99	\$105	\$140
60	\$71	\$87	\$99	\$107	\$113	\$151
61	\$76	\$93	\$106	\$115	\$122	\$161
62	\$81	\$100	\$113	\$123	\$130	\$172
63	\$88	\$108	\$122	\$132	\$140	\$184
64	\$95	\$116	\$131	\$142	\$150	\$196
65	\$102	\$124	\$140	\$151	\$160	\$209
66	\$109	\$132	\$149	\$161	\$170	\$221
67	\$116	\$141	\$158	\$170	\$180	\$233
68	\$129	\$157	\$176	\$190	\$200	\$259
69	\$142	\$173	\$195	\$210	\$221	\$286
70	\$155	\$189	\$213	\$229	\$242	\$312
71	\$168	\$205	\$231	\$249	\$262	\$338
72	\$181	\$221	\$250	\$269	\$283	\$365
73	\$214	\$262	\$296	\$318	\$335	\$430
74	\$248	\$303	\$342	\$368	\$387	\$496
75	\$281	\$344	\$389	\$418	\$440	\$561
76	\$314	\$385	\$435	\$467	\$492	\$627
77	\$347	\$426	\$481	\$517	\$544	\$692
78	\$389	\$477	\$539	\$579	\$609	\$773
79	\$430	\$529	\$598	\$642	\$675	\$854
80	\$472	\$581	\$656	\$704	\$740	\$935
81	\$514	\$632	\$714	\$766	\$806	\$1,016
82	\$556	\$684	\$773	\$829	\$871	\$1,097
83	\$622	\$767	\$866	\$929	\$976	\$1,226
84	\$689	\$850	\$960	\$1,028	\$1,081	\$1,355
85	\$756	\$933	\$1,054	\$1,128	\$1,186	\$1,483
86	\$822	\$1,016	\$1,147	\$1,228	\$1,291	\$1,612
87	\$889	\$1,099	\$1,241	\$1,328	\$1,396	\$1,741
88	\$996	\$1,232	\$1,391	\$1,488	\$1,565	\$1,945
89	\$1,103	\$1,366	\$1,542	\$1,648	\$1,733	\$2,148
90	\$1,209	\$1,499	\$1,692	\$1,808	\$1,901	\$2,352
91	\$1,316	\$1,632	\$1,842	\$1,969	\$2,069	\$2,556
92	\$1,423	\$1,766	\$1,993	\$2,129	\$2,238	\$2,760
93	\$1,594	\$1,980	\$2,234	\$2,385	\$2,507	\$3,084
94	\$1,764	\$2,194	\$2,476	\$2,642	\$2,777	\$3,408
95	\$1,935	\$2,408	\$2,717	\$2,898	\$3,047	\$3,731
96	\$2,106	\$2,622	\$2,959	\$3,155	\$3,316	\$4,055
97+	\$2,277	\$2,836	\$3,200	\$3,412	\$3,586	\$4,378

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 50% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$28	\$30	\$33	\$35	\$35	\$43
30	\$30	\$33	\$35	\$38	\$38	\$48
31	\$33	\$35	\$38	\$40	\$43	\$50
32	\$35	\$38	\$43	\$43	\$45	\$55
33	\$38	\$40	\$45	\$45	\$48	\$58
34	\$40	\$43	\$48	\$50	\$50	\$63
35	\$43	\$45	\$50	\$53	\$55	\$65
36	\$43	\$50	\$53	\$55	\$58	\$70
37	\$45	\$53	\$55	\$58	\$60	\$75
38	\$48	\$55	\$60	\$63	\$65	\$80
39	\$53	\$58	\$63	\$65	\$68	\$85
40	\$55	\$63	\$65	\$70	\$73	\$90
41	\$58	\$65	\$70	\$73	\$78	\$95
42	\$60	\$68	\$73	\$78	\$80	\$100
43	\$63	\$73	\$78	\$83	\$88	\$108
44	\$68	\$78	\$83	\$88	\$93	\$115
45	\$70	\$80	\$88	\$93	\$98	\$123
46	\$75	\$85	\$93	\$98	\$103	\$130
47	\$78	\$90	\$98	\$103	\$108	\$138
48	\$80	\$93	\$100	\$108	\$113	\$140
49	\$83	\$95	\$103	\$110	\$115	\$145
50	\$83	\$98	\$105	\$113	\$118	\$150
51	\$85	\$100	\$108	\$115	\$120	\$153
52	\$88	\$103	\$113	\$118	\$125	\$158
53	\$93	\$108	\$118	\$125	\$130	\$168
54	\$98	\$113	\$125	\$133	\$138	\$178
55	\$103	\$120	\$130	\$140	\$145	\$185
56	\$108	\$125	\$138	\$145	\$153	\$195
57	\$113	\$130	\$143	\$153	\$160	\$205
58	\$123	\$143	\$158	\$168	\$175	\$225
59	\$133	\$155	\$170	\$183	\$190	\$245
60	\$143	\$168	\$185	\$198	\$208	\$265
61	\$153	\$180	\$198	\$213	\$223	\$285
62	\$163	\$193	\$213	\$228	\$238	\$305
63	\$178	\$210	\$230	\$245	\$258	\$330
64	\$193	\$228	\$250	\$265	\$278	\$355
65	\$208	\$245	\$268	\$285	\$300	\$378
66	\$223	\$260	\$288	\$305	\$320	\$403
67	\$238	\$278	\$305	\$325	\$340	\$428
68	\$265	\$310	\$343	\$365	\$380	\$480
69	\$293	\$345	\$380	\$403	\$423	\$533
70	\$320	\$378	\$415	\$443	\$463	\$583
71	\$348	\$410	\$453	\$483	\$505	\$635
72	\$375	\$443	\$490	\$520	\$545	\$688
73	\$445	\$528	\$583	\$620	\$650	\$818
74	\$518	\$613	\$678	\$720	\$755	\$948
75	\$588	\$698	\$773	\$823	\$860	\$1,080
76	\$658	\$783	\$865	\$923	\$965	\$1,210
77	\$730	\$868	\$960	\$1,023	\$1,070	\$1,340
78	\$820	\$975	\$1,080	\$1,150	\$1,205	\$1,508
79	\$908	\$1,083	\$1,200	\$1,278	\$1,340	\$1,673
80	\$998	\$1,193	\$1,320	\$1,408	\$1,475	\$1,838
81	\$1,088	\$1,300	\$1,440	\$1,535	\$1,608	\$2,003
82	\$1,178	\$1,408	\$1,563	\$1,663	\$1,743	\$2,170
83	\$1,320	\$1,583	\$1,758	\$1,873	\$1,963	\$2,438
84	\$1,465	\$1,758	\$1,953	\$2,083	\$2,183	\$2,705
85	\$1,610	\$1,933	\$2,148	\$2,290	\$2,403	\$2,973
86	\$1,753	\$2,108	\$2,345	\$2,500	\$2,620	\$3,240
87	\$1,898	\$2,283	\$2,540	\$2,708	\$2,840	\$3,508
88	\$2,130	\$2,568	\$2,858	\$3,048	\$3,198	\$3,940
89	\$2,363	\$2,850	\$3,175	\$3,388	\$3,555	\$4,375
90	\$2,595	\$3,135	\$3,495	\$3,728	\$3,913	\$4,808
91	\$2,828	\$3,418	\$3,813	\$4,068	\$4,270	\$5,240
92	\$3,060	\$3,703	\$4,130	\$4,408	\$4,628	\$5,673
93	\$3,435	\$4,163	\$4,648	\$4,963	\$5,210	\$6,373
94	\$3,810	\$4,623	\$5,165	\$5,515	\$5,793	\$7,075
95	\$4,185	\$5,083	\$5,683	\$6,068	\$6,375	\$7,775
96	\$4,560	\$5,543	\$6,200	\$6,623	\$6,958	\$8,475
97+	\$4,935	\$6,005	\$6,718	\$7,175	\$7,540	\$9,175

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 75% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$33	\$35	\$38	\$38	\$48
30	\$33	\$35	\$38	\$40	\$43	\$53
31	\$35	\$38	\$40	\$43	\$45	\$58
32	\$35	\$40	\$45	\$48	\$48	\$60
33	\$38	\$43	\$48	\$50	\$53	\$65
34	\$40	\$45	\$50	\$53	\$55	\$70
35	\$43	\$48	\$53	\$55	\$58	\$73
36	\$45	\$53	\$55	\$60	\$63	\$78
37	\$48	\$55	\$58	\$63	\$65	\$83
38	\$50	\$58	\$63	\$68	\$70	\$88
39	\$53	\$60	\$68	\$70	\$75	\$95
40	\$58	\$65	\$70	\$75	\$78	\$100
41	\$60	\$68	\$75	\$80	\$83	\$105
42	\$63	\$73	\$78	\$83	\$88	\$113
43	\$68	\$78	\$85	\$90	\$93	\$120
44	\$70	\$83	\$90	\$95	\$100	\$128
45	\$75	\$85	\$95	\$100	\$105	\$135
46	\$78	\$90	\$100	\$108	\$113	\$145
47	\$83	\$95	\$105	\$113	\$118	\$153
48	\$85	\$98	\$108	\$115	\$123	\$158
49	\$85	\$100	\$110	\$118	\$125	\$163
50	\$88	\$103	\$115	\$123	\$128	\$165
51	\$90	\$105	\$118	\$125	\$133	\$170
52	\$93	\$108	\$120	\$128	\$135	\$175
53	\$98	\$115	\$128	\$135	\$143	\$185
54	\$103	\$120	\$135	\$143	\$150	\$195
55	\$108	\$128	\$140	\$150	\$158	\$205
56	\$113	\$133	\$148	\$158	\$168	\$215
57	\$118	\$140	\$155	\$165	\$175	\$225
58	\$130	\$153	\$170	\$183	\$190	\$248
59	\$140	\$168	\$185	\$198	\$208	\$268
60	\$150	\$180	\$200	\$213	\$225	\$290
61	\$163	\$193	\$215	\$230	\$240	\$313
62	\$173	\$205	\$230	\$245	\$258	\$333
63	\$188	\$225	\$248	\$265	\$280	\$360
64	\$205	\$243	\$268	\$288	\$300	\$385
65	\$220	\$260	\$288	\$308	\$323	\$413
66	\$235	\$278	\$308	\$328	\$345	\$438
67	\$250	\$295	\$328	\$348	\$365	\$465
68	\$278	\$330	\$365	\$390	\$410	\$520
69	\$308	\$365	\$405	\$433	\$453	\$575
70	\$335	\$400	\$443	\$473	\$495	\$630
71	\$365	\$435	\$483	\$515	\$540	\$685
72	\$393	\$470	\$520	\$555	\$583	\$740
73	\$468	\$558	\$620	\$663	\$695	\$878
74	\$540	\$648	\$720	\$768	\$805	\$1,018
75	\$615	\$735	\$818	\$875	\$915	\$1,155
76	\$688	\$825	\$918	\$980	\$1,028	\$1,293
77	\$763	\$915	\$1,018	\$1,085	\$1,138	\$1,433
78	\$855	\$1,028	\$1,143	\$1,220	\$1,280	\$1,608
79	\$948	\$1,140	\$1,270	\$1,355	\$1,420	\$1,780
80	\$1,043	\$1,253	\$1,398	\$1,490	\$1,563	\$1,955
81	\$1,135	\$1,368	\$1,523	\$1,625	\$1,705	\$2,130
82	\$1,228	\$1,480	\$1,650	\$1,760	\$1,845	\$2,305
83	\$1,378	\$1,663	\$1,855	\$1,978	\$2,075	\$2,585
84	\$1,528	\$1,845	\$2,058	\$2,198	\$2,305	\$2,865
85	\$1,675	\$2,028	\$2,263	\$2,415	\$2,535	\$3,145
86	\$1,825	\$2,210	\$2,468	\$2,635	\$2,765	\$3,428
87	\$1,975	\$2,393	\$2,673	\$2,853	\$2,995	\$3,708
88	\$2,218	\$2,690	\$3,005	\$3,208	\$3,368	\$4,158
89	\$2,458	\$2,985	\$3,338	\$3,563	\$3,740	\$4,610
90	\$2,698	\$3,280	\$3,670	\$3,918	\$4,113	\$5,063
91	\$2,938	\$3,575	\$4,000	\$4,270	\$4,485	\$5,513
92	\$3,180	\$3,873	\$4,333	\$4,625	\$4,858	\$5,965
93	\$3,568	\$4,350	\$4,873	\$5,200	\$5,463	\$6,690
94	\$3,955	\$4,830	\$5,410	\$5,775	\$6,065	\$7,418
95	\$4,343	\$5,308	\$5,948	\$6,350	\$6,670	\$8,145
96	\$4,730	\$5,785	\$6,485	\$6,925	\$7,275	\$8,870
97+	\$5,118	\$6,265	\$7,025	\$7,500	\$7,880	\$9,598

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 100% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$35	\$38	\$40	\$40	\$53
30	\$33	\$38	\$40	\$43	\$45	\$58
31	\$35	\$40	\$43	\$45	\$48	\$63
32	\$38	\$43	\$48	\$50	\$53	\$68
33	\$40	\$45	\$50	\$53	\$55	\$73
34	\$43	\$48	\$53	\$55	\$60	\$78
35	\$45	\$50	\$55	\$60	\$63	\$83
36	\$48	\$55	\$60	\$63	\$65	\$85
37	\$50	\$58	\$63	\$68	\$70	\$90
38	\$53	\$60	\$68	\$70	\$75	\$98
39	\$55	\$65	\$70	\$75	\$80	\$105
40	\$60	\$68	\$75	\$80	\$85	\$110
41	\$63	\$73	\$80	\$85	\$90	\$118
42	\$65	\$75	\$83	\$90	\$95	\$123
43	\$70	\$80	\$90	\$95	\$100	\$133
44	\$73	\$85	\$95	\$103	\$108	\$140
45	\$78	\$90	\$100	\$108	\$115	\$150
46	\$83	\$95	\$108	\$115	\$120	\$160
47	\$85	\$100	\$113	\$120	\$128	\$168
48	\$88	\$105	\$115	\$125	\$130	\$173
49	\$90	\$108	\$118	\$128	\$135	\$178
50	\$93	\$110	\$123	\$130	\$138	\$183
51	\$95	\$113	\$125	\$135	\$143	\$188
52	\$98	\$115	\$128	\$138	\$145	\$193
53	\$103	\$123	\$135	\$148	\$155	\$203
54	\$108	\$128	\$143	\$155	\$163	\$215
55	\$113	\$135	\$150	\$163	\$173	\$225
56	\$120	\$143	\$158	\$170	\$180	\$235
57	\$125	\$148	\$165	\$178	\$188	\$248
58	\$138	\$163	\$183	\$195	\$208	\$270
59	\$148	\$178	\$198	\$213	\$225	\$293
60	\$160	\$190	\$213	\$230	\$243	\$315
61	\$170	\$205	\$230	\$248	\$260	\$338
62	\$183	\$220	\$245	\$263	\$278	\$363
63	\$198	\$238	\$265	\$285	\$300	\$390
64	\$215	\$258	\$285	\$308	\$323	\$418
65	\$230	\$275	\$308	\$328	\$345	\$445
66	\$248	\$295	\$328	\$350	\$368	\$473
67	\$263	\$313	\$348	\$373	\$390	\$500
68	\$293	\$350	\$388	\$415	\$438	\$558
69	\$323	\$385	\$430	\$460	\$483	\$618
70	\$353	\$423	\$470	\$503	\$530	\$675
71	\$383	\$458	\$513	\$548	\$575	\$733
72	\$413	\$495	\$553	\$593	\$623	\$793
73	\$488	\$588	\$658	\$703	\$738	\$938
74	\$565	\$683	\$763	\$815	\$855	\$1,085
75	\$643	\$775	\$865	\$925	\$973	\$1,230
76	\$720	\$868	\$970	\$1,038	\$1,090	\$1,378
77	\$795	\$960	\$1,075	\$1,150	\$1,205	\$1,523
78	\$893	\$1,080	\$1,208	\$1,290	\$1,355	\$1,708
79	\$988	\$1,198	\$1,340	\$1,433	\$1,503	\$1,890
80	\$1,085	\$1,315	\$1,473	\$1,573	\$1,653	\$2,073
81	\$1,183	\$1,433	\$1,605	\$1,715	\$1,800	\$2,255
82	\$1,278	\$1,553	\$1,738	\$1,858	\$1,948	\$2,440
83	\$1,433	\$1,743	\$1,950	\$2,085	\$2,190	\$2,733
84	\$1,588	\$1,933	\$2,165	\$2,313	\$2,430	\$3,028
85	\$1,743	\$2,123	\$2,378	\$2,543	\$2,670	\$3,320
86	\$1,898	\$2,313	\$2,593	\$2,770	\$2,910	\$3,613
87	\$2,053	\$2,505	\$2,808	\$2,998	\$3,150	\$3,908
88	\$2,303	\$2,813	\$3,153	\$3,368	\$3,538	\$4,378
89	\$2,553	\$3,120	\$3,498	\$3,738	\$3,925	\$4,848
90	\$2,800	\$3,428	\$3,845	\$4,105	\$4,313	\$5,318
91	\$3,050	\$3,735	\$4,190	\$4,475	\$4,700	\$5,788
92	\$3,300	\$4,043	\$4,538	\$4,843	\$5,088	\$6,258
93	\$3,700	\$4,538	\$5,095	\$5,440	\$5,715	\$7,010
94	\$4,100	\$5,035	\$5,655	\$6,035	\$6,340	\$7,763
95	\$4,500	\$5,533	\$6,213	\$6,633	\$6,968	\$8,515
96	\$4,900	\$6,028	\$6,773	\$7,228	\$7,595	\$9,268
97+	\$5,300	\$6,525	\$7,333	\$7,823	\$8,220	\$10,023

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 125% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$30	\$35	\$38	\$43	\$45	\$58
30	\$33	\$38	\$43	\$45	\$48	\$65
31	\$35	\$43	\$45	\$50	\$53	\$70
32	\$40	\$45	\$50	\$53	\$55	\$75
33	\$43	\$48	\$53	\$58	\$60	\$80
34	\$45	\$50	\$55	\$60	\$63	\$85
35	\$48	\$53	\$60	\$65	\$68	\$90
36	\$50	\$58	\$63	\$68	\$73	\$95
37	\$53	\$60	\$65	\$73	\$75	\$103
38	\$55	\$63	\$70	\$78	\$80	\$108
39	\$58	\$68	\$75	\$83	\$85	\$115
40	\$63	\$73	\$80	\$88	\$93	\$123
41	\$65	\$75	\$85	\$93	\$98	\$130
42	\$68	\$80	\$90	\$98	\$103	\$138
43	\$73	\$85	\$95	\$103	\$110	\$148
44	\$78	\$90	\$103	\$110	\$118	\$158
45	\$83	\$98	\$108	\$118	\$125	\$168
46	\$85	\$103	\$115	\$125	\$130	\$178
47	\$90	\$108	\$120	\$130	\$138	\$188
48	\$93	\$110	\$125	\$135	\$143	\$193
49	\$95	\$113	\$128	\$138	\$148	\$198
50	\$98	\$118	\$130	\$143	\$150	\$203
51	\$100	\$120	\$135	\$145	\$155	\$208
52	\$103	\$123	\$138	\$150	\$160	\$213
53	\$108	\$130	\$148	\$158	\$168	\$225
54	\$115	\$138	\$155	\$168	\$178	\$238
55	\$120	\$145	\$163	\$175	\$188	\$248
56	\$125	\$153	\$170	\$185	\$195	\$260
57	\$133	\$160	\$180	\$193	\$205	\$273
58	\$145	\$175	\$195	\$213	\$225	\$298
59	\$158	\$190	\$213	\$230	\$243	\$323
60	\$168	\$205	\$230	\$248	\$263	\$345
61	\$180	\$220	\$248	\$268	\$283	\$370
62	\$193	\$235	\$265	\$285	\$303	\$395
63	\$210	\$253	\$285	\$308	\$325	\$425
64	\$228	\$273	\$308	\$330	\$350	\$455
65	\$243	\$293	\$328	\$353	\$373	\$483
66	\$260	\$313	\$350	\$375	\$398	\$513
67	\$278	\$333	\$373	\$400	\$420	\$543
68	\$308	\$370	\$415	\$445	\$470	\$603
69	\$340	\$410	\$458	\$493	\$518	\$665
70	\$370	\$448	\$503	\$538	\$568	\$728
71	\$400	\$485	\$545	\$585	\$615	\$790
72	\$433	\$525	\$588	\$633	\$665	\$853
73	\$513	\$623	\$698	\$750	\$788	\$1,008
74	\$593	\$720	\$808	\$868	\$913	\$1,163
75	\$673	\$818	\$918	\$985	\$1,035	\$1,318
76	\$753	\$915	\$1,028	\$1,103	\$1,160	\$1,473
77	\$833	\$1,013	\$1,138	\$1,220	\$1,283	\$1,628
78	\$933	\$1,138	\$1,278	\$1,370	\$1,440	\$1,820
79	\$1,033	\$1,260	\$1,418	\$1,518	\$1,595	\$2,013
80	\$1,133	\$1,383	\$1,555	\$1,668	\$1,753	\$2,205
81	\$1,233	\$1,508	\$1,695	\$1,815	\$1,908	\$2,398
82	\$1,333	\$1,630	\$1,835	\$1,965	\$2,063	\$2,593
83	\$1,495	\$1,830	\$2,058	\$2,203	\$2,315	\$2,900
84	\$1,655	\$2,030	\$2,283	\$2,443	\$2,565	\$3,208
85	\$1,818	\$2,228	\$2,508	\$2,680	\$2,818	\$3,515
86	\$1,978	\$2,428	\$2,730	\$2,920	\$3,068	\$3,823
87	\$2,138	\$2,625	\$2,955	\$3,160	\$3,320	\$4,130
88	\$2,395	\$2,948	\$3,315	\$3,545	\$3,725	\$4,620
89	\$2,655	\$3,268	\$3,678	\$3,928	\$4,128	\$5,110
90	\$2,913	\$3,588	\$4,038	\$4,313	\$4,533	\$5,600
91	\$3,170	\$3,908	\$4,398	\$4,698	\$4,938	\$6,088
92	\$3,428	\$4,228	\$4,760	\$5,083	\$5,340	\$6,578
93	\$3,843	\$4,745	\$5,340	\$5,700	\$5,990	\$7,360
94	\$4,255	\$5,260	\$5,923	\$6,320	\$6,640	\$8,140
95	\$4,670	\$5,775	\$6,503	\$6,938	\$7,293	\$8,920
96	\$5,083	\$6,293	\$7,085	\$7,558	\$7,943	\$9,700
97+	\$5,495	\$6,808	\$7,665	\$8,175	\$8,593	\$10,483

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Proposed Rates

**Continental General Insurance Company
Individual Long Term Care Form 2LTCIP0001 (VA)
At-Home Advantage
Base Premiums for: \$10/Day NH, HHC Daily Max = 150% of NH
0-Day Elimination Period
Single Standard Insured Annual Premiums ***

Issue Age	Benefit Period:					
	2-Year	3-Year	4-Year	5-Year	6-Year	Lifetime
<= 29	\$33	\$38	\$40	\$45	\$48	\$65
30	\$35	\$40	\$45	\$48	\$50	\$70
31	\$38	\$43	\$48	\$53	\$55	\$78
32	\$40	\$48	\$53	\$55	\$60	\$83
33	\$43	\$50	\$55	\$60	\$65	\$88
34	\$45	\$53	\$60	\$65	\$68	\$95
35	\$48	\$55	\$63	\$68	\$73	\$100
36	\$50	\$60	\$68	\$73	\$78	\$105
37	\$53	\$63	\$70	\$78	\$80	\$113
38	\$58	\$68	\$75	\$83	\$88	\$120
39	\$60	\$70	\$80	\$88	\$93	\$128
40	\$65	\$75	\$85	\$93	\$98	\$135
41	\$68	\$80	\$90	\$98	\$105	\$143
42	\$70	\$85	\$95	\$103	\$110	\$153
43	\$75	\$90	\$103	\$110	\$118	\$163
44	\$80	\$95	\$108	\$118	\$125	\$173
45	\$85	\$103	\$115	\$125	\$133	\$185
46	\$90	\$108	\$123	\$133	\$143	\$195
47	\$95	\$113	\$128	\$140	\$150	\$205
48	\$98	\$118	\$133	\$145	\$155	\$210
49	\$100	\$120	\$138	\$150	\$158	\$218
50	\$103	\$123	\$140	\$153	\$163	\$223
51	\$105	\$128	\$145	\$158	\$168	\$228
52	\$108	\$130	\$148	\$163	\$173	\$233
53	\$115	\$138	\$158	\$170	\$183	\$248
54	\$120	\$145	\$165	\$180	\$193	\$260
55	\$128	\$153	\$175	\$190	\$203	\$273
56	\$133	\$163	\$183	\$200	\$213	\$285
57	\$140	\$170	\$193	\$210	\$223	\$298
58	\$153	\$185	\$210	\$228	\$243	\$323
59	\$165	\$200	\$228	\$248	\$263	\$350
60	\$178	\$218	\$248	\$268	\$283	\$378
61	\$190	\$233	\$265	\$288	\$305	\$403
62	\$203	\$250	\$283	\$308	\$325	\$430
63	\$220	\$270	\$305	\$330	\$350	\$460
64	\$238	\$290	\$328	\$355	\$375	\$490
65	\$255	\$310	\$350	\$378	\$400	\$523
66	\$273	\$330	\$373	\$403	\$425	\$553
67	\$290	\$353	\$395	\$425	\$450	\$583
68	\$323	\$393	\$440	\$475	\$500	\$648
69	\$355	\$433	\$488	\$525	\$553	\$715
70	\$388	\$473	\$533	\$573	\$605	\$780
71	\$420	\$513	\$578	\$623	\$655	\$845
72	\$453	\$553	\$625	\$673	\$708	\$913
73	\$535	\$655	\$740	\$795	\$838	\$1,075
74	\$620	\$758	\$855	\$920	\$968	\$1,240
75	\$703	\$860	\$973	\$1,045	\$1,100	\$1,403
76	\$785	\$963	\$1,088	\$1,168	\$1,230	\$1,568
77	\$868	\$1,065	\$1,203	\$1,293	\$1,360	\$1,730
78	\$973	\$1,193	\$1,348	\$1,448	\$1,523	\$1,933
79	\$1,075	\$1,323	\$1,495	\$1,605	\$1,688	\$2,135
80	\$1,180	\$1,453	\$1,640	\$1,760	\$1,850	\$2,338
81	\$1,285	\$1,580	\$1,785	\$1,915	\$2,015	\$2,540
82	\$1,390	\$1,710	\$1,933	\$2,073	\$2,178	\$2,743
83	\$1,555	\$1,918	\$2,165	\$2,323	\$2,440	\$3,065
84	\$1,723	\$2,125	\$2,400	\$2,570	\$2,703	\$3,388
85	\$1,890	\$2,333	\$2,635	\$2,820	\$2,965	\$3,708
86	\$2,055	\$2,540	\$2,868	\$3,070	\$3,228	\$4,030
87	\$2,223	\$2,748	\$3,103	\$3,320	\$3,490	\$4,353
88	\$2,490	\$3,080	\$3,478	\$3,720	\$3,913	\$4,863
89	\$2,758	\$3,415	\$3,855	\$4,120	\$4,333	\$5,370
90	\$3,023	\$3,748	\$4,230	\$4,520	\$4,753	\$5,880
91	\$3,290	\$4,080	\$4,605	\$4,923	\$5,173	\$6,390
92	\$3,558	\$4,415	\$4,983	\$5,323	\$5,595	\$6,900
93	\$3,985	\$4,950	\$5,585	\$5,963	\$6,268	\$7,710
94	\$4,410	\$5,485	\$6,190	\$6,605	\$6,943	\$8,520
95	\$4,838	\$6,020	\$6,793	\$7,245	\$7,618	\$9,328
96	\$5,265	\$6,555	\$7,398	\$7,888	\$8,290	\$10,138
97+	\$5,693	\$7,090	\$8,000	\$8,530	\$8,965	\$10,945

*: Preferred Risk Discount of .87 or Substandard Load of 1.25 may apply. Spousal Discount of .8 on each policy applies if both spouses enroll at the same time, are both approved for coverage, and pay for their policies.

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	Compound	Compound	Simple	Cost of Living
	Uncapped	Capped		
	<u>Inflation</u>	<u>Inflation</u>	<u>Inflation</u>	<u>Inflation</u>
	<u>2LTCIE0011</u>	<u>2LTCIE0019</u>	<u>2LTCIE0012</u>	<u>1LTCIE0013</u>
<= 29	3.16	1.85	1.63	1.05
30	3.12	1.85	1.62	1.05
31	3.09	1.85	1.62	1.05
32	3.05	1.85	1.62	1.05
33	3.01	1.85	1.62	1.05
34	2.98	1.85	1.62	1.05
35	2.94	1.85	1.61	1.05
36	2.91	1.85	1.61	1.05
37	2.87	1.85	1.61	1.05
38	2.84	1.85	1.61	1.05
39	2.80	1.85	1.61	1.05
40	2.77	1.85	1.60	1.05
41	2.73	1.85	1.60	1.05
42	2.70	1.85	1.60	1.05
43	2.67	1.85	1.60	1.05
44	2.64	1.85	1.60	1.05
45	2.60	1.85	1.59	1.05
46	2.57	1.85	1.59	1.05
47	2.54	1.85	1.59	1.05
48	2.51	1.85	1.59	1.05
49	2.48	1.85	1.59	1.05
50	2.46	1.85	1.58	1.05
51	2.43	1.85	1.58	1.05
52	2.40	1.85	1.58	1.05
53	2.36	1.85	1.58	1.05
54	2.32	1.85	1.58	1.05
55	2.28	1.85	1.57	1.05
56	2.24	1.85	1.57	1.05
57	2.20	1.85	1.57	1.05
58	2.15	1.84	1.57	1.05
59	2.10	1.83	1.56	1.05
60	2.06	1.82	1.56	1.05
61	2.01	1.81	1.55	1.05
62	1.96	1.80	1.55	1.05
63	1.93	1.77	1.54	1.05
64	1.90	1.74	1.53	1.05
65	1.88	1.71	1.52	1.05
66	1.85	1.68	1.52	1.05
67	1.82	1.65	1.51	1.05
68	1.79	1.63	1.51	1.05
69	1.75	1.61	1.50	1.05
70	1.72	1.59	1.50	1.05
71	1.68	1.57	1.50	1.05
72	1.65	1.55	1.50	1.05
73	1.61	1.52	1.48	1.05
74	1.57	1.49	1.46	1.05
75	1.53	1.46	1.44	1.05
76	1.49	1.43	1.42	1.05
77	1.45	1.40	1.40	1.05
78	1.43	1.37	1.38	1.05
79	1.41	1.34	1.36	1.05
80	1.39	1.31	1.34	1.05
81	1.37	1.28	1.32	1.05
82	1.35	1.25	1.30	1.05
83	1.33	1.24	1.28	1.05
84	1.31	1.22	1.27	1.05
85	1.29	1.21	1.25	1.05
86	1.27	1.20	1.23	1.05
87	1.25	1.18	1.22	1.05
88	1.23	1.17	1.20	1.05
89	1.21	1.16	1.18	1.05
90	1.19	1.14	1.17	1.05
91	1.17	1.13	1.15	1.05
92	1.15	1.12	1.13	1.05
93	1.13	1.10	1.12	1.05
94	1.11	1.09	1.10	1.05
95	1.09	1.08	1.08	1.05
96	1.07	1.06	1.07	1.05
97+	1.05	1.05	1.05	1.05

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Payment Method Adjustment Factors

<u>Issue Age</u>	<u>10-pay Factor</u> <u>2LTCIE0038</u>	<u>Single Premium Factor</u> <u>2LTCIE0037</u>	<u>Paid up at 65 Factor</u> <u>2LTCIE0039</u>
<= 29	3.65	31.50	1.07
30	3.57	30.84	1.11
31	3.49	30.18	1.14
32	3.42	29.52	1.17
33	3.34	28.86	1.20
34	3.27	28.20	1.23
35	3.19	27.54	1.26
36	3.11	26.89	1.29
37	3.04	26.23	1.32
38	2.97	25.64	1.36
39	2.90	25.06	1.39
40	2.84	24.47	1.43
41	2.77	23.89	1.46
42	2.70	23.30	1.50
43	2.64	22.78	1.54
44	2.58	22.26	1.58
45	2.52	21.74	1.62
46	2.46	21.22	1.66
47	2.40	20.70	1.70
48	2.36	20.24	1.74
49	2.32	19.78	1.78
50	2.28	19.32	1.82
51	2.24	18.86	1.86
52	2.20	18.40	1.90
53	2.18	18.28	2.02
54	2.16	18.16	2.14
55	2.14	18.04	2.26
56	2.12	17.92	2.38
57	2.10	17.80	2.50
58	2.04	17.24	3.04
59	1.98	16.68	3.58
60	1.92	16.12	4.12
61	1.86	15.56	4.66
62	1.80	15.00	5.20
63	1.80	14.66	9.76
64	1.80	14.32	14.32
65	1.80	13.98	
66	1.80	13.64	
67	1.80	13.30	
68	1.74	12.74	
69	1.68	12.18	
70	1.62	11.62	
71	1.56	11.06	
72	1.50	10.50	
73	1.46	10.02	
74	1.42	9.54	
75	1.38	9.06	
76	1.34	8.58	
77	1.30	8.10	
78	1.26	7.66	
79	1.22	7.22	
80	1.18	6.78	
81	1.14	6.34	
82	1.10	5.90	
83	1.10	5.46	
84+	1.10	5.02	

Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)
Return of Premium on Death Rider Factors

<u>Issue Age</u>	<u>Return of Premium on Death Factor</u>
	<u>2LTCIE0029</u>
<=54	1.13
55 - 59	1.10
60 - 64	1.07
65 - 69	1.03
70 - 74	1.01
>= 75	1.00

**Continental General Insurance Company
Long Term Care Form 2LTCIP0001 (VA)**

Rider to add Shared Extended Expense option (1LTCIE0015):

<u>Both spouses purchase B.P. of</u>	<u>Additional Shared Benefit Period Purchased</u>					
	<u>1-Year</u>	<u>2-Year</u>	<u>3-Year</u>	<u>4-Year</u>	<u>5-Year</u>	<u>6-Year</u>
2 years	1.15	1.20	-	-	-	-
3	1.10	1.15	1.18	-	-	-
4	1.07	1.10	1.15	1.16	-	-
5	1.06	1.08	1.10	1.13	1.15	-
6	1.03	1.06	1.08	1.10	1.11	1.12

Factors to go from 0-day Elimination period to:

20-day	0.96
60-day	0.88
90-day	0.83
180-day	0.75

Rider to add Nonforfeiture option (2LTCIE0010):

1.05

Rider to add Dual Waiver of Premium option (1LTCIE0014):

1.06

Rider to add Survivorship Waiver of Premium option (2LTCIE0026):

1.05

Rider to add Restoration of Benefits Option (2LTCIE0021):

<u>Benefit Period Purchased</u>	<u>Rider Cost Factor</u>
2 years	1.05
3 years	1.04
4 years	1.03
5 years	1.02
6 years	1.01
Lifetime	1.00

Rider to add Monthly Adjudication of Benefits Option (2LTCIE0020):

<u>Home Care % Purchased</u>	<u>Rider Cost Factor</u>
50%	1.09
75%	1.08
100%	1.06
125%	1.06
150%	1.06

State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	GALIC Certification of Compliance - VA (2LTCL) - GAIC.pdf
Item Status:	Received & Acknowledged
Status Date:	06/29/2021

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	GALIC Review Checklist - VA Individual - GAIC.pdf
Item Status:	Received & Acknowledged
Status Date:	06/29/2021

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	GALIC Cover Letter - VA (2LTC) - GAIC.pdf GALIC Actuarial Memorandum - VA (2LTCL) - GAIC.pdf GALIC Appendices - VA (2LTCL) - GAIC.pdf Managing Long-Term Care Risk - 2021.pdf GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf
Item Status:	Received & Acknowledged
Status Date:	07/23/2021

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	2LTCL Rate Request Summary - VA (2LTCL) - GAIC.pdf
Item Status:	Received & Acknowledged
Status Date:	06/29/2021

Satisfied - Item:	Authorization to File for Great American Life Insurance Company
Comments:	
Attachment(s):	GALIC Letter of Authorization 010521.pdf
Item Status:	Received & Acknowledged
Status Date:	06/29/2021

Satisfied - Item:	Response to Objection #1 Dated 06/22/2021
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State: Virginia Filing Company: Great American Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Comments:	
Attachment(s):	VA 2LTCI Objection 1 - GAIC - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/29/2021

Satisfied - Item:	Response to Objection #2 Dated 06/22/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 2 - GAIC - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	07/23/2021

Satisfied - Item:	Response to Objection #3 Dated 07/23/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 3 - GAIC - Response.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320).pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-BR.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFO.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFOLP.pdf Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)LP.pdf RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 limited pay - John Doe.pdf RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 no limited pay - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

Satisfied - Item:	Response to Objection #4 Dated 07/29/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 4 - GAIC - Response.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 limited pay.pdf RINC Letter (Redline Version) - 1LTC 2LTC 4LTC VA 2021.07 no limited pay.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

Satisfied - Item:	Response to Objection #5 Dated 08/10/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 5 - GAIC - Response.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 limited pay - John Doe.pdf RINC Letter (GALIC) - 1LTC 2LTC 4LTC VA 2021.09 no limited pay - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

SERFF Tracking #: GLTC-132874956 **State Tracking #:** GLTC-132874956 **Company Tracking #:** GALIC FORMS RATE INCREASE FILING FOR 201...

State: Virginia **Filing Company:** Great American Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/

Satisfied - Item:	Response to Objection #6 Dated 12/07/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 6 - GAIC - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

Satisfied - Item:	Response to Objection #7 Dated 12/16/2021
Comments:	
Attachment(s):	VA 2LTCI Objection 7 - GAIC - Response.pdf RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.12 limited pay - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

Satisfied - Item:	Contingent Nonforfeiture Endorsement Form - Approved 4/7/2022 under GLTC-132308255
Comments:	
Attachment(s):	2LTC (GALIC)-CNFO-ENDORSE-VA_rev 03.16.22.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2022

SERFF Tracking #:	GLTC-132874956	State Tracking #:	GLTC-132874956	Company Tracking #:	GALIC FORMS RATE INCREASE FILING FOR 201...
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State:	Virginia	Filing Company:	Great American Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	GALIC FORMS RATE INCREASE FILING FOR 2019 (2LTC) - GAIC POLICIES/		

Attachment GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx is not a PDF document and cannot be reproduced here.

**STATE OF VIRGINIA
ACTUARIAL CERTIFICATION**

Form numbers

2LTCIP0001 (VA)
CGI(GAL) – RINC(VA)(0320)
CGI(GAL) – RINC(VA)(0320)LP
CGI(GAL-01) – RINC(VA)(0320)-BR
CGI(GAL-01) – RINC(VA)(0320)-CNFO
CGI(GAL-01) – RINC(VA)(0320)-CNFOLP

The Flesch reading ease score of the filed policy form is 54.9.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.



Actuary Signature

Madison P. Nahrup, ASA, MAAA

Printed Name

Associate Actuary

Title

June 15, 2021

Date

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	

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REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet; (ii) All information required by SERFF.	
	14 VAC 5-130-70 B	Actuarial Memorandum	
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	

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		(iii) If blended, provide the credibility factor assigned to the national experience.	
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	

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		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	

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	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	

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		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	
	14VAC5-200-150 B 3	Experienced and projected trends;	
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	
	14VAC5-200-150 B 5	Expected claim fluctuation;	
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	
	14VAC5-200-150 B 7	Renewability features;	
	14VAC5-200-150 B 8	All appropriate expense factors;	
	14VAC5-200-150 B 9	Interest;	
	14VAC5-200-150 B 10	Experimental nature of the coverage;	
	14VAC5-200-150 B 11	Policy reserves;	

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	14VAC5-200-150 B 12	Mix of business by risk classification; and	
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	

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		premiums paid, if the policy complies with all the following provisions:	
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	
		c. Any exclusions, reductions and limitations on benefits of long-term care;	

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		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	
		a. Any long-term care benefits paid out during the month;	
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	
		c. The amount of long-term care benefits existing or remaining;	
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	
		a. A description of the basis on which the long-term care rates were determined;	
		b. A description of the basis for the reserves;	

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		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	
		f. The estimated average annual premium per policy and the average issue age;	
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	

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		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	
		(3) The projections shall demonstrate compliance with subsection C of this section; and	
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	

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		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	

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		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times 58%;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times 58%; and	

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		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	
		<ul style="list-style-type: none"> a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and 	
		<ul style="list-style-type: none"> b. The premium rate filing is in compliance with the provisions of this section; 	
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		<ul style="list-style-type: none"> a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale; 	
		<ul style="list-style-type: none"> (1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately; 	
		<ul style="list-style-type: none"> (2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase; 	

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		(3) The projections shall demonstrate compliance with subsection B of this section; and	
		(4) For exceptional increases:	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	

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		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	

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		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		<p>commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.</p>	
	14VAC5-200-154 D	<p>If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.</p>	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is 54.9

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed:  _____

Name (please print): Madison Nahrup Title: Associate Actuary

Company Name: Continental General Insurance Company

Date: 6/15/2021 Phone No: (512) 969-2837

E-Mail Address: Madison.Nahrup@continental-ins.com



P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

June 15, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing is for the policyholders who did not accept the Notice of Assumption when Great American Life Insurance Company was assumed by United Teacher Associates Insurance Company in 2010. Continental General Insurance Company is administering these policies and we have included a Letter of Authorization from Great American Life Insurance Company to make this filing. This document is included under the Supporting Document tab of this filing. As of 10/31/2018, our company has 17 policyholder who have policy #2LTCIP0001. For simplicity, these policies that did not accept the merger can be referred to as "GAIC policies."

Please note this is a continuation of the filing that was submitted and approved for Continental General Insurance Company (NAIC # 71404) – SERFF Tracking #GLTC-131940319, but this filing is for the policies that did not accept the merger. This filing relies on the same analysis but is filed separately for GAIC policies at the Bureau's request.

This filing applies to inforce GAIC policies issued in this state. The above referenced policy forms are Individual Long Term Care insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717
VA

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

Continental General Insurance Company
P.O. Box 203098
Austin, Texas 78720-3098

**Actuarial Memorandum Supporting Rate Revisions for
Long Term Care Insurance Base Policy Forms and Riders Associated with
2LTCIP0001 (VA)**

1 SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to the Base Policy Forms and Riders of the Continental General Insurance Company (the Company) long-term care (LTC) policy forms referenced above.

This rate revision is for the policyholders who did not accept the Notice of Assumption when Great American Life Insurance Company was assumed by United Teacher Associates Insurance Company in 2010. Continental General Insurance Company is administering these policies. As of 10/31/2018, our Company has 17 such policyholder who have policy #2LTCIP0001. All policies issued in Florida are 100% ceded to GALIC and therefore are excluded from this analysis.

Please note this is a continuation of the filing that was submitted and approved for Continental General Insurance Company (NAIC # 71404) – SERFF Tracking #GLTC-131940319, but this rate revision is for the policies that did not accept the merger. This rate revision relies on the same analysis but is filed separately for policies that did not accept the merger at the Bureau's request.

Some riders may not be available in all states. The issue date range associated with premium-paying lives in this state is shown in Appendix A.

These forms are all included in this filing for filing simplicity. It is not the Company's intent to pool their experience.

These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance.

The Company is requesting the following rate increases in your state at this time:

Policy Form	Requested Rate Increase
2LTCIP0001 (VA)	150%

This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where these products were issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 22 for a description of the information contained in each Appendix.

2 POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF PREMIUM RATE INCREASE

Optional Policyholder offers to Reduce Benefits

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the base policy and riders. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period.

Non-forfeiture Offers

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. This non-forfeiture benefit shall not exceed the policyholder's remaining unused Maximum Lifetime Benefit at the time of conversion. Upon acceptance of this offer, an endorsement reflecting the non-forfeiture benefit will be sent to the policyholder. This offer will be made to all policyholders.

If applicable, for policyholders with active Limited Pay policy provisions, the Company will additionally provide policyholders an opportunity to elect a reduced paid-up policy in accordance with state regulatory requirements.

3 PREMIUM RATE INCREASE JUSTIFICATION

This rate revision is necessary because the current best estimate projections of the Nationwide lifetime loss ratios are in excess of expected. Policies were issued Nationwide under both loss ratio requirements and under rate stabilization requirements established in the 2000 LTC NAIC Model Regulation.

The lifetime loss ratios anticipated at the time of original pricing for these policy forms are shown below. This loss ratio has been stated based on the pricing interest rate. Based on available documentation, the pricing loss ratio stated below is conservatively assumed to be representative of best estimate expectations.

Policy Form	Original Pricing Loss Ratio
2LTCIP0001 (VA)	69.0%

For policies issued under loss ratio requirements, the lifetime loss ratio that these products were initially priced to has been exceeded. For policies issued under rate stabilization requirements, the margin for moderately adverse deviation built into the rates at the time of original pricing was a 10% deviation in the lifetime loss ratio, when compared to originally expected. This margin has been exceeded.

Consistent with the discussions and final document produced by the NAIC Pricing Subgroup's ("Long-term Care Insurance Approaches to Reviewing Premium Rate Increases"), the Company is providing analysis based on the modified prospective present value approach to determine the level of rate increase requested. This modified approach recognizes that past premium rate increases were not adequate and relies on the original pricing assumptions to catch-up on past premium rate increases.

The cumulative rate increase indicated by the modified prospective present value formula is calculated as:

$$\text{Cumulative rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - (.58)\Delta PV(\text{future earned premiums})}{(.85)PV_{\text{current}}(\text{future earned premiums})}$$

The ΔPV indicates the change in present value due to the change in actuarial assumptions between original assumptions and current moderately adverse assumptions. The formula is applied to Nationwide experience that has been restated to the original rate level. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit or experience from limited pay policies has been excluded from the calculation. Moderately adverse assumptions are defined as best estimate assumptions as described in Section 10, plus a 10% load to future incurred claims.

State-specific justified rate increases are calculated to achieve equity across states with respect to the total amount of rate increases that will have been implemented in each state. In order to calculate the rate increase needed for this state specifically, the following formula was used:

$$\frac{1 + \text{Cumulative Rate Increase}}{1 + \text{State Specific Cumulative Rate Increase to Date}} - 1$$

4 DESCRIPTION OF BENEFITS

Appendix B contains a brief summary of the benefits contained in these base forms and associated riders. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

5 RENEWABILITY CLAUSE

All products are Guaranteed Renewable, Individual Long-Term Care policies.

6 MARKETING METHOD

All forms were marketed to individuals by licensed agents. These products are not currently being marketed.

7 APPLICABILITY

The revised rates contained in this memorandum will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The current and revised premium rate schedules are attached. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

8 PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

9 UNDERWRITING

Most policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. The underwriting standards used were taken into consideration when projecting future experience.

10 ACTUARIAL ASSUMPTIONS

The actuarial assumptions used to project the future premiums and claims are described in this section. Appendix D provides further details of the experience studies conducted that were used to develop the actuarial assumptions. These base assumptions are the same as the assumptions being used in the Company's internal cash flow testing.

A Morbidity

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2006 through 6/30/2018, the Milliman 2017 Long-Term Care Guidelines (Guidelines) and judgment. The claim cost assumptions reflect the Company's current best estimate of future morbidity. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration. The baseline assumptions do not include any adverse selection resulting from the rate increase, loads for moderately adverse experience, or future morbidity improvement.

B Mortality

The best estimate future mortality assumption is 100% of the Individual Annuity Mortality (IAM) 2012 Base table with mortality steepening factors, selection factors, and other attained age adjustments.

C Voluntary Lapse

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates and benefit exhaust rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Voluntary lapse rates vary by marital status and inflation versus non-inflation.

The table below shows the detailed voluntary lapse assumptions for the applicable projected policy durations.

Voluntary Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
9	0.93%	1.21%	1.48%	3.68%
10	0.62%	0.87%	1.48%	2.92%
11	0.52%	0.72%	1.33%	2.54%
12	0.52%	0.72%	1.17%	2.35%
13	0.41%	0.58%	1.02%	2.03%
14	0.36%	0.48%	0.87%	1.78%
15+	0.31%	0.39%	0.77%	1.46%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	82.5%
Male	140.0%

For limited pay policies, voluntary lapse rates were assumed to be zero after the premium payment period.

Voluntary lapse assumptions include an NFO conversion rate which is calculated as 19% of the requested rate increase and capped at 19%.

D Interest Rate

The supporting exhibits use the maximum valuation interest rate for contract reserves to calculate the lifetime loss ratio. This is consistent with the guidance provided in the Senior Issues Task Force Model Bulletin and the requirements established in the 2000 LTC NAIC Model regulation. The table below demonstrates the discount rates by policy form.

Policy Form	Maximum Valuation Interest Rate
2LTCIP0001 (VA)	4.3%

E Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of expected. Expenses do not directly impact the lifetime loss ratio. As such, expenses are not being projected and are not included in this filing.

11 ISSUE AGE RANGE

These products were available for issue ages 18 to 84. Premiums are based on issue age.

12 AREA FACTORS

The Company did not use area factors within the state in the premium scale for these products.

13 CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and using continuance curves validated for the Company's experience for open claims on a disabled life basis. The claim reserves were discounted to the incurred date for each claim and have been included in the historical incurred claims.

14 ACTIVE LIFE RESERVES

Incurred claims are calculated without the impact of the change in active life reserves.

15 DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies. See Appendix C for the distribution of the inforce policies by key demographic and benefit characteristics.

16 NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of 10/31/2018 in this state.

17 AVERAGE ANNUAL PREMIUM

The average annual premium for these products both prior to the impact of the requested rate increase, and after, is indicated in Appendix A.

18 HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of rate adjustments on these products in this state.

19 EXPERIENCE – PAST AND FUTURE

Nationwide historical experience since inception by issue year within calendar year for these policy forms and riders as of 10/31/2018 is contained in Exhibit 2. Experience for loss years 2018 and prior are developed through 10/31/2018. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

Historical Nationwide experience for all policies issued under these products is contained in Exhibit 3. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 3. Projected experience utilizes best estimate assumptions.

Historical Nationwide experience for policies in premium-paying status is contained in Exhibit 4. The Nationwide historical and projected experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is also contained in Exhibit 4. Projected experience utilizes best estimate assumptions.

In developing the projected future experience with the rate increase, an implementation date of 1/15/2020 was assumed.

20 RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

21 ELIGIBILITY FOR CONTINGENT BENEFIT UPON LAPSE

Exhibit 5 has been provided to demonstrate the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL). Policyholders are defined as being eligible given they are governed by rate stability regulations and they have surpassed the cumulative rate increase threshold given this request.

Given that policyholders in this State will become eligible for the CBUL, the attached document (Managing Long Term Care Risk - 2019), provided by the Company's Chief Operating Officer, provides a demonstration that the Company has appropriate policy administration and claim processing procedures in place to assure our policyholders' long-term care claims are paid according to the provisions of our contracts.

22 SUMMARY OF APPENDICES

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for Nationwide is also contained in this Appendix.

Appendix B contains a summary of the benefits included under each policy form grouping.

Appendix C contains a summary of the demographic distributions of the inforce policies as of 10/31/2018.

Appendix D contains a detailed summary of the development of the projection assumptions.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

23 SUMMARY OF EXHIBITS

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under each product grouping.

Exhibit 2 contains the historical Nationwide lifetime experience for all policies issued under these products by issue year within calendar year.

Exhibit 3 contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 4 contains historical and projected Nationwide experience for premium-paying policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

Exhibit 5 contains the number of premium paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL), both at the Nationwide and state-specific level.

Exhibit 6 contains historical and projected Virginia-specific experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this State's specific rate history, while projected experience is shown after adjusting for this State's specific rate history.

24 ACTUARIAL CERTIFICATION

In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied upon Andrew Dalton, FSA, MAAA, Consulting Actuary, Milliman, USA for experience analysis used to develop baseline actuarial assumptions related to morbidity and persistency. I reviewed the assumptions for reasonableness and consistency, but I did not perform a detailed audit. Based on my review, the assumptions are appropriate for the purpose used.

To the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits," No. 18 "Long-Term Care Insurance," and No. 23 "Data Quality."

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

In my opinion, the rates are not excessive or unfairly discriminatory. The anticipated lifetime loss ratio exceeds the applicable required loss ratio. The filing will enhance premium adequacy but may not be sufficient to prevent future rate action. Given this, I cannot certify the proposed rates to be sustainable over the lifetime of the form with no future premium increases or that they would be sufficient to cover anticipated costs under moderately adverse conditions.



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Appendix A
Continental General Insurance Company
2LTCIP0001 (VA)

Virginia

Requested Rate Increase = 150%

Issue Date Range (Section 1 in Actuarial Memorandum)

Virginia	4/26/2004	to	7/25/2006
Nationwide	5/20/2003	to	12/1/2009

Rate Stabilization Date for Virginia 10/1/2003

Number of Premium-Paying Policyholders and Annualized Premium as of October 31, 2018

Number of premium-paying lives in Virginia			
Issued prior to Rate Stabilization			0
Issued on or after Rate Stabilization			17
	Policies	Premium	
Virginia	17	\$	23,846
Nationwide	5,120	\$	9,725,053

Average Annual Premium (Section 17 in Actuarial Memorandum)

The average annual premium for this form and associated riders, prior to the rate increase, is:

Virginia	1,403
Nationwide	2,072

The average annual premium for this form and associated riders in Virginia, including the impact of the requested rate increase, is: 3,507

Rate Increase History (Section 18 in Actuarial Memorandum)

No prior rate increase has been approved.

Lifetime Loss Ratio - Exhibit 3

The Lifetime Loss Ratio without the requested rate increase is:	118.1%
The Lifetime Loss Ratio with the requested rate increase is:	85.4%

Appendix B
Continental General Insurance Company
Description of Benefits

A brief summary of the benefits contained in the base forms and associated riders is provided below. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

Policy Form 2LTCIP0001 (VA)

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period could be chosen as 0, 20, 60, 90 or 180 calendar days. The benefit period is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum was available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 50%, 75%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) for 90 days, or when he or she becomes cognitively impaired.

An insured who qualifies for benefits will be eligible to receive all long term care services that are included in the Plan of Care and covered under the policy. This could include nursing home care or assisted living facility care. A 21-day per year bed reservation benefit could be included in the Plan of Care under the base policy. The Plan of Care could also include home health care, adult day care, up to 30 days per year of respite care, or up to 5 times the daily maximum in informal caregiver training (one time only). Other alternate services could be included, if agreed to by all parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by an independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

In the first 30 calendar days after the elimination period is satisfied, the home care daily maximums are doubled.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period.

Policy form 2LTCIP0001 also provides for a home medical technology benefit, paying a monthly amount equal to the home care daily maximum for rental or lease of medical monitoring, diagnostic, or medication compliance equipment that is recommended by the Care Advisor.

If the insured does not elect rider 2LTCIE0010, then a contingent non-forfeiture benefit is automatically applied. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider 2LTCIE0010 (except that the 3-year waiting period does not apply).

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit).

Appendix B
Continental General Insurance Company
Description of Benefits

Several optional riders were available for these policies:

- Rider 2LTCIE0011 – Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary.
- Rider 2LTCIE0012 – Simple Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary.
- Rider 2LTCIE0019 – Capped Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% compounded annually, on each policy anniversary, until the daily and lifetime maximums reach two times their original levels.
- Rider 2LTCIE0020 – Monthly Benefit Rider: Changes the daily maximum to a monthly maximum, where the monthly maximum is calculated as the daily maximum times 30.
- Rider 2LTCIE0021 – Restoration Rider: The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months.
- Rider 2LTCIE0026 – Survivor Rider: The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously inforce for 10 or more years.
- Rider 2LTCIE0029 – Return of Premium Rider: Returns a specified percentage of the cumulative premiums paid, less claims, to the insured's estate, if death occurs before age 75. The percentage of premiums returned is 100% for deaths occurring through age 65; the percentage then grades down by 10% per year, to 0% for ages 75+.
- Rider 2LTCIE0010 – Non-forfeiture Benefit: After 3 years inforce, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit inforce. The amount of the reduced lifetime benefit is the greater of 30 times the nursing home daily maximum inforce on the date of lapse, and the numerical sum of the premiums paid while the policy was inforce.
- Rider 1LTCIE0013 – Cost of Living Increase: Gives the insured the option of increasing benefits at scheduled intervals, with the increase amounts based on the change in the CPI. The incremental benefits will be subject to an additional premium, based on the insureds attained age.
- Rider 1LTCIE0014 – Dual Waiver of Premium: Waives the premium for a covered spouse when the other spouse's premium is waived due to claim.
- Rider 1LTCIE0015 – Shared Extended Expense: An additional pool of money, less than or equal to the original pool of money, can be purchased by both spouses for them to share, should one (or both) of them reach his or her lifetime maximum.
- Rider 2LTCIE0037 – Single Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime with one single premium payment.
- Rider 2LTCIE0038 – 10-Pay Rider: Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period.
- Rider 2LTCIE0039 – Paid up at 65 Rider: Allows the policyholder to pay for coverage for his entire lifetime with premium payments that end at age 65.

Appendix C
 Continental General Insurance
 Distribution of Inforce Business as of October 31, 2018
 Nationwide All Lives
 Policy Forms: 2LTCIP001

Issue Year	Count	% of Count	Premium	% of Premium
2003	112	2%	152,920	2%
2004	1,097	18%	1,534,410	16%
2005	2,793	45%	4,362,574	45%
2006	1,884	31%	3,194,710	33%
2007	172	3%	286,438	3%
2008	51	1%	93,718	1%
2009	46	1%	100,283	1%
Total	6,155	100%	9,725,053	100%

Issue Age	Count	% of Count	Premium	% of Premium
<45	676	11%	382,678	4%
45 - 49	467	8%	441,385	5%
50 - 54	1,008	16%	1,150,834	12%
55 - 59	1,629	26%	2,461,778	25%
60 - 64	1,295	21%	2,503,424	26%
65 - 69	745	12%	1,791,634	18%
70 - 74	280	5%	809,534	8%
75 - 79	49	1%	176,800	2%
80+	6	0%	6,987	0%
Total	6,155	100%	9,725,053	100%

Attained Age	Count	% of Count	Premium	% of Premium
<45	177	3%	62,202	1%
45 - 49	144	2%	71,764	1%
50 - 54	193	3%	119,557	1%
55 - 59	324	5%	266,400	3%
60 - 64	694	11%	725,011	7%
65 - 69	1,366	22%	1,823,105	19%
70 - 74	1,507	24%	2,502,613	26%
75 - 79	1,080	18%	2,335,009	24%
80+	670	11%	1,819,393	19%
Total	6,155	100%	9,725,053	100%

Inflation Type	Count	% of Count	Premium	% of Premium
5% Compound - Double (14 years)	49	1%	83,017	1%
5% Compound - Lifetime	1,574	26%	3,218,140	33%
5% Simple Lifetime	2,834	46%	4,412,986	45%
GPO	227	4%	433,428	4%
NONE	1,471	24%	1,577,482	16%
Total	6,155	100%	9,725,053	100%

Elimination Period	Count	% of Count	Premium	% of Premium
0	1,164	19%	1,863,880	19%
20	853	14%	1,388,602	14%
60	1,209	20%	1,871,899	19%
90	2,797	45%	4,410,378	45%
180	132	2%	190,294	2%
Total	6,155	100%	9,725,053	100%

Gender	Count	% of Count	Premium	% of Premium
M	2,526	41%	3,906,529	40%
F	3,629	59%	5,818,523	60%
Total	6,155	100%	9,725,053	100%

HHC Percent	Count	% of Count	Premium	% of Premium
50%	276	4%	441,649	5%
75%	290	5%	392,320	4%
100%	5,343	87%	8,339,396	86%
125%	65	1%	130,460	1%
150%	181	3%	421,228	4%
Total	6,155	100%	9,725,053	100%

Benefit Period	Count	% of Count	Premium	% of Premium
< 1 year	456	7%	-	0%
1 - 2 years	8	0%	-	0%
2 - 3 years	300	5%	467,542	5%
3 - 4 years	1,107	18%	1,820,032	19%
4 - 5 years	789	13%	1,240,040	13%
5 - 6 years	997	16%	1,646,808	17%
6 - 7 years	625	10%	952,989	10%
Lifetime	1,873	30%	3,597,642	37%
Total	6,155	100%	9,725,053	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,432	72%	6,483,277	67%
Single	1,723	28%	3,241,776	33%
Total	6,155	100%	9,725,053	100%

Limited Pay Options	Count	% of Count	Premium	% of Premium
10 Pay	426	7%	-	0%
CNFO	464	8%	-	0%
Lifetime	4,987	81%	9,538,977	98%
PU at 65	180	3%	186,076	2%
Single	98	2%	-	0%
Total	6,155	100%	9,725,053	100%

Premium Mode	Count	% of Count	Premium	% of Premium
Monthly	2,752	54%	4,760,388	49%
Quarterly	543	11%	1,085,745	11%
Semi-Annual	141	3%	297,992	3%
Annual	1,684	33%	3,580,928	37%
Total	5,120	100%	9,725,053	100%

Tax Status	Count	% of Count	Premium	% of Premium
TQ	6,155	100%	9,725,053	100%
Total	6,155	100%	9,725,053	100%

*Count includes premium paying lives only

Continental General Insurance Company
Appendix D
Actuarial Assumption Development

Appendix D contains a description of the experience studies conducted on the Company's actual experience.

Termination Study

A study was conducted on the Company's actual termination experience from 2006 to 6/30/2018 on forms issued by Continental General Insurance Company. The study measured total termination rates.

The mortality assumption, including selection factors and mortality improvement, is based on industry expectations. Assumed mortality is equal to 100% of the Individual Annuity Mortality (IAM) 2012 Basic table with mortality steepening factors, mortality improvement, and selection factors applied.

The future expected voluntary lapse assumptions were developed based on the historical implied lapse experience and judgment. Historical implied lapses were determined by subtracting expected deaths, using the mortality assumptions discussed above, and actual benefit exhaustions from total terminations. The expected voluntary lapse rates vary by inflation option, spousal discount, gender, and policy duration.

Exhibit D-1 contains the comparison of implied lapse experience to the current lapse assumptions. The Exhibit shows total lives, actual total terminations and expected deaths. The voluntary lapse rates are shown as described above, as historical implied lapses and expected lapses.

Morbidity Study

A morbidity study was also conducted on the Company's actual experience from 2006 to 6/30/2018 on forms issued by Continental General Insurance Company. Actual claims were measured against the Milliman 2017 Long Term Care Guidelines (Guidelines). Actual-to-expected fitting factors were developed based on the actual experience and judgment.

Actual incurred claims are based on paid claims and remaining claim reserves discounted (using an interest rate of 4.5% for this experience study) back to the claim incurred date. The claim reserves were discounted from valuation date to the claim incurred date using a 4.5% discount rate and excluding any waiver of premium load, LAE load and explicit margin. Actual claims include approximately \$22 million of IBNR as of June 30, 2018, which is allocated to incurred year as follows: approximately 84.5% to incurred year 2018 and 15.5% to incurred year 2017. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves. Actual average claim severity was calculated by dividing actual incurred claims by the count of claims. In this study, waiver of premium was excluded from both the actual claims and expected claims.

Expected claims were based on the *Guidelines* and include selection factors and actual-to-expected fitting factors. The actual-to-expected fitting factors varied by coverage type, benefit period, payment type, marital status, and form. No future morbidity improvement is assumed.

Exhibit D-2 contains the comparison of actual claim experience to the current assumptions.

Continental General Insurance Company
Appendix D
Exhibit D-1
Termination Study

Experience by Policy Duration

Policy Duration	Total Lives	Total Terminations		Mortality Rate Expected	Voluntary Lapse Rate	
		Count	Rate		Implied	"Current"
1	17,268	1,862	10.8%	0.2%	10.6%	10.8%
2	19,223	1,080	5.6%	0.3%	5.3%	5.4%
3	19,485	836	4.3%	0.3%	3.9%	4.1%
4	19,935	745	3.7%	0.4%	3.3%	3.3%
5	20,641	591	2.9%	0.4%	2.4%	2.6%
6	21,425	556	2.6%	0.5%	2.1%	2.1%
7	21,795	496	2.3%	0.5%	1.7%	1.9%
8	21,174	411	1.9%	0.6%	1.3%	1.5%
9	19,655	386	2.0%	0.7%	1.2%	1.4%
10	17,017	393	2.3%	0.7%	1.5%	1.0%
11	12,513	250	2.0%	0.9%	1.1%	0.9%
12	9,213	182	2.0%	1.0%	0.9%	0.8%
13	6,437	141	2.2%	1.2%	0.9%	0.7%
14	4,406	118	2.7%	1.5%	1.1%	0.6%
15+	7,244	257	3.5%	2.0%	1.3%	0.5%
Total	237,432	8,304	3.5%	0.6%	2.87%	2.87%

Notes:

- 1) Experience from 2006 through 6/30/2018.
- 2) Expected Mortality Rate is 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 3) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
- 4) Current Voluntary Lapse Rate is the current projection assumption.
 Since these vary by inflation benefit option, spousal discount, and gender the rates shown above are composites.
 The ultimate lapse rate begins in duration 15.
- 5) Includes only lifetime pay policies (excludes single Pay, 5 Pay, 10 Pay, 15 Pay, 20 Pay, and paid-up at 65).

Continental General Insurance Company

Appendix D

Exhibit D-2

**Policy Forms: 1LTCGP0001, 1LTCGP0008, 1LTCIP0001, 1LTCIP0002, 2LTCIP0001, 2LTCIP0002, 4LTCIP0001
Claim Study**

Experience by Policy Duration

Policy Duration	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1	21,621	9	758,605	557,833	136.0%
2	22,556	31	1,453,873	1,214,373	119.7%
3	21,995	25	1,885,218	1,720,445	109.6%
4	22,443	25	1,176,810	2,506,853	46.9%
5	22,938	48	3,578,850	3,510,572	101.9%
6	23,353	68	5,796,078	4,714,104	123.0%
7	23,098	65	5,288,287	5,976,829	88.5%
8	22,601	107	7,487,865	7,334,949	102.1%
9	21,914	105	7,933,784	8,804,755	90.1%
10	19,668	108	9,315,687	9,809,126	95.0%
11	15,938	128	8,623,840	9,555,444	90.3%
12	11,691	100	8,377,240	8,770,658	95.5%
13	8,518	81	6,993,553	7,740,239	90.4%
14	5,527	75	4,668,981	6,434,048	72.6%
15+	9,507	194	20,448,906	16,155,953	126.6%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Calendar Year

Calendar Year	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
2006	13,602	23	1,208,168	1,565,355	77.2%
2007	18,091	39	2,152,494	2,173,376	99.0%
2008	23,319	39	2,125,616	2,961,136	71.8%
2009	26,259	50	3,763,974	3,863,635	97.4%
2010	26,642	58	4,967,618	4,824,553	103.0%
2011	23,933	82	5,777,331	5,877,098	98.3%
2012	23,219	101	6,900,358	7,100,818	97.2%
2013	22,629	105	7,465,161	8,397,998	88.9%
2014	22,090	108	9,378,267	10,026,923	93.5%
2015	21,603	143	11,570,237	11,546,603	100.2%
2016	21,144	149	12,138,393	13,248,071	91.6%
2017	20,701	175	15,786,771	14,986,944	105.3%
2018	10,137	99	10,553,188	8,233,672	128.2%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Experience by Policy Form

Policy Form	Total Lives	Actual Claim Count	Actual Incurred Claims	Expected Incurred Claims	Actual to Expected
1LTCG	7,633	11	1,087,514	1,453,414	74.8%
1LTCI	50,876	550	44,069,338	45,343,925	97.2%
2LTCI	98,651	340	27,395,445	26,666,073	102.7%
4LTCI	116,209	271	21,235,281	21,342,770	99.5%
Total	273,368	1,171	93,787,578	94,806,182	98.9%

Notes:

- 1) Experience from 2006 through 6/30/2018
- 2) Actual incurred claims are defined as the sum of paid claims and reserves.
 Paid claims represent the present value of paid claims discounted to the claim incurred date.
 Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date.
- 3) Expected Claims are based on the Milliman 2017 *Long-Term Care Guidelines* (including Product Factors)
- 4) Claim dollar amounts are discounted using a 4.50% interest rate (both actual and expected).
- 5) 1LTCG refers to 1LTCGP0001 and 1LTCGP0008, 1LTCI refers to 1LTCIP0001 and 1LTCIP0002, 2LTCI refers to 2LTCIP0001 and 2LTCIP0002, 4LTCI refers to 4LTCIP0001

Continental General Insurance Company
Appendix E
Policy Forms: 2LTCIP0001, 2LTCIP0002
Policy Persistency Comparison

Policy Duration	<u>Actual Experience</u>		<u>Original Pricing Assumptions</u>			<u>Current Assumptions</u>		
	Total Lives	Total Terminations	Lapse	Mortality	Total Terminations	Lapse	Mortality	Total Terminations
1	3,403	8.8%	5.5%	0.1%	5.7%	11.3%	0.1%	11.4%
2	6,887	5.1%	4.0%	0.2%	4.2%	5.4%	0.3%	5.7%
3	7,786	3.8%	3.0%	0.3%	3.3%	4.1%	0.3%	4.4%
4	7,616	4.1%	2.0%	0.5%	2.5%	3.3%	0.4%	3.7%
5	7,307	2.9%	2.0%	0.6%	2.6%	2.7%	0.4%	3.1%
6	7,093	2.7%	2.0%	0.8%	2.8%	2.1%	0.4%	2.5%
7	6,899	2.0%	2.0%	1.0%	3.0%	1.9%	0.5%	2.4%
8	6,756	1.9%	2.0%	1.3%	3.3%	1.6%	0.5%	2.1%
9	6,592	2.0%	2.0%	1.6%	3.6%	1.4%	0.6%	2.0%
10	6,233	1.8%	2.0%	1.9%	3.9%	1.1%	0.6%	1.7%
11	5,846	1.7%	2.0%	2.1%	4.0%	0.9%	0.7%	1.6%
12	4,797	1.8%	2.0%	2.3%	4.2%	0.9%	0.8%	1.6%
13	2,253	1.8%	2.0%	2.5%	4.4%	0.7%	0.9%	1.6%
14	379	1.3%	2.0%	2.8%	4.7%	0.6%	1.1%	1.6%
15	5	40.0%	2.0%	6.3%	8.2%	0.6%	3.1%	3.7%

Notes:

- 1) Experience is 2006 through 6/30/18.
- 2) The "Original Pricing Assumptions" are those assumptions originally used to price this form.
- 3) The "Current Assumptions" are those used in the projection for the current rate filing.
 Since Lapse Rates vary by inflation benefit option, spousal discount, and gender, the rates shown above are composites.
 The ultimate lapse rate starts in duration 15.
 The mortality assumptions are 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 4) The results shown above include only lifetime pay policies (excludes single pay, 10 pay, and paid-up at 65).

Managing and Monitoring Long Term Care Risks

Risk Management processes and staffing are focused on four specific stages of the managing the claims process: Intake/New Claim Setup, Adjudication, Ongoing Management/Payment, and Claim Resolution.

Intake/New Claim Setup: By keeping the eligibility requirements-gathering process agile, significant delays are avoided that could otherwise compromise our ability to make sound claim decisions and prevent us from complying with our regulatory requirements. We maintain a team dedicated to following up on claim notices received via telephone or electronically. This unit can accurately assess the developing circumstances that surround an early claim and guide the claimant and family through a timely and effective adjudication process while setting appropriate expectations by reviewing each insured's policy benefit information and coverage. Our proactive front-end process helps avoid "buying" claims that would otherwise happen if we just mailed a claim form.

Adjudication: As eligibility requirements are received, our extensive front-end Intake process proceeds to Adjudication. New claims are presented by the Claims Examiner to either a senior second-tier review specialist or to our Claim Committee, along with recommendations for approval, denial or further handling and disposition. The committee meets on a regular basis and consists of senior level staff with many years of experience, as well as management personnel who can discuss the claim and confirm the claim determination or offer any special guidance for handling.

It is vital that we thoroughly understand the medical circumstances that drive eligibility for each claim and that will set the stage for its development and outcome.

Ongoing Management/Payment: One of the most important risk controls for LTC claims is the active monitoring and payment of an approved, ongoing claim. Claimants that have a potential for recovery are closely monitored to ensure that the eligibility criteria continues to be met.

The protocol for reviewing ongoing claims is set by each individual claimant's medical status and recovery potential. In addition to our internal RN staff, also available to us are the services of an expert LTC Medical Director who can consult on the most difficult cases and who may also be called upon to clarify information given to us by the insured's own attending physician.

Ongoing claims are examined carefully for changes in billing patterns, changes in levels of care and breaks of confinement for possible hospital stays or other leaves. Confinement verification protocol ensures that claim payments are properly adjusted to reflect these leaves.

Claim Resolution: Controlling the trajectory of short duration claims can have a positive outcome for early claim closure and restoration of premium payment. This is often a "win-win" situation for both the company and the client.

Also, accurate and timely resolution of a client's death and accurately paying a claim to its coverage maximums prevents overpayment, recovery costs and disruption to a grieving family.

Also critical to managing risk exposure and monitoring morbidity are fraud detection controls, ongoing claims audits, and periodic updates to our expected claim costs.

Fraud: Our LTC processes include several fraud detection and mitigation controls and practices. Staff members are trained annually on several aspects of fraud including "red flags" of LTC fraud detection and will refer suspect claim activity to management for review and further action if warranted. If necessary, independent medical exams or other investigatory methods may be used to resolve outstanding concerns. All suspect claim activity is reported to the appropriate state governing agencies as required. Lastly, our Strategic Investigative Unit (SIU) is comprised of a multidisciplinary group of senior leaders who serve as a sounding board and steering committee for both specific and general fraud matters.

Claims Audits: In addition to an ongoing robust internal claims audit program, we also engage external 3rd party audit reviews, assuring that our claims processes and practices are sound and generally in line with industry practices and regulatory controls. The most recent external review occurred in 2018 and covered a sample of claims with losses occurring between 2012 and 2018.

Internal audits represent a constant feedback loop. Results are reviewed monthly with senior management staff for discussion, process improvement and training purposes.

Exhibit 1
Continental General Insurance
Summary of Premium Paying Lives
Nationwide
Policy Forms: 2LTCIP0001
As of 10/31/2018

State	Lives	Annualized Premium	Average Premium
AK	5	\$ 14,986	\$ 2,997
AL	312	\$ 636,069	\$ 2,039
AR	25	\$ 41,196	\$ 1,648
AZ	18	\$ 32,537	\$ 1,808
CA	-	\$ -	\$ -
CO	27	\$ 38,838	\$ 1,438
CT	19	\$ 46,415	\$ 2,443
DC	7	\$ 3,569	\$ 510
DE	1	\$ 3,538	\$ 3,538
GA	25	\$ 39,574	\$ 1,583
HI	14	\$ 23,606	\$ 1,686
IA	73	\$ 113,813	\$ 1,559
ID	14	\$ 25,905	\$ 1,850
IL	57	\$ 119,973	\$ 2,105
IN	229	\$ 476,915	\$ 2,083
KS	77	\$ 79,722	\$ 1,035
KY	149	\$ 219,795	\$ 1,475
LA	29	\$ 42,238	\$ 1,456
MA	111	\$ 190,745	\$ 1,718
MD	21	\$ 42,312	\$ 2,015
ME	11	\$ 16,337	\$ 1,485
MI	5	\$ 11,706	\$ 2,341
MN	53	\$ 67,434	\$ 1,272
MO	81	\$ 102,593	\$ 1,267
MS	644	\$ 791,289	\$ 1,229
MT	2	\$ 2,181	\$ 1,090
NC	1,137	\$ 2,900,287	\$ 2,551
ND	17	\$ 24,556	\$ 1,444
NE	34	\$ 45,219	\$ 1,330
NH	17	\$ 37,205	\$ 2,189
NJ	194	\$ 356,544	\$ 1,838
NM	11	\$ 13,914	\$ 1,265
NV	3	\$ 7,540	\$ 2,513
OH	58	\$ 139,865	\$ 2,411
OK	44	\$ 72,238	\$ 1,642
OR	47	\$ 78,728	\$ 1,675
PA	671	\$ 1,405,590	\$ 2,095
RI	-	\$ -	\$ -
SC	75	\$ 142,099	\$ 1,895
SD	10	\$ 28,230	\$ 2,823
TN	49	\$ 95,886	\$ 1,957
TX	477	\$ 619,520	\$ 1,299
UT	5	\$ 16,585	\$ 3,317
VA	138	\$ 222,608	\$ 1,613
VT	3	\$ 4,859	\$ 1,620
WA	66	\$ 205,861	\$ 3,119
WI	37	\$ 93,554	\$ 2,528
WV	17	\$ 28,038	\$ 1,649
WY	1	\$ 2,841	\$ 2,841
Total	5,120	\$ 9,725,053	\$ 1,899

Exhibit 2
Continental General Insurance Company
Nationwide Historic Experience by Calendar and Issue Year (excluding FL)
2LCIP0001

Calendar Year	Issue Year	Premium	Paid Claims	Reserves	IBNR	Total Incurred Claims	Loss Ratio	Exp LR	Actual/Exp	Calendar Year Duration
2003	2003	101,585	0	0	0	0	0.0%	3.5%	0.0%	1
2004	2003	179,395	0	0	0	0	0.0%	6.5%	0.0%	2
2004	2004	971,303	0	0	0	0	0.0%	3.5%	0.0%	1
2005	2003	182,295	0	0	0	0	0.0%	9.9%	0.0%	3
2005	2004	2,088,658	131,953	0	0	131,953	6.3%	6.5%	97.4%	2
2005	2005	3,108,700	1,419	0	0	1,419	0.0%	3.5%	1.3%	1
2006	2003	179,610	0	0	0	0	0.0%	14.4%	0.0%	4
2006	2004	1,857,970	1,412	0	0	1,412	0.1%	9.9%	0.8%	3
2006	2005	5,344,862	308,141	0	0	308,141	5.8%	6.5%	88.9%	2
2006	2006	3,948,644	734	0	0	734	0.0%	3.5%	0.5%	1
2007	2003	173,722	65,794	0	0	65,794	37.9%	19.4%	195.6%	5
2007	2004	1,791,817	8,622	0	0	8,622	0.5%	14.4%	3.4%	4
2007	2005	5,021,437	74,158	0	0	74,158	1.5%	9.9%	14.9%	3
2007	2006	4,171,950	65,606	0	0	65,606	1.6%	6.5%	24.2%	2
2007	2007	436,076	263	0	0	263	0.1%	3.5%	1.7%	1
2008	2003	165,971	0	0	0	0	0.0%	25.4%	0.0%	6
2008	2004	1,767,264	15,637	0	0	15,637	0.9%	19.4%	4.6%	5
2008	2005	4,905,356	44,902	0	0	44,902	0.9%	14.4%	6.4%	4
2008	2006	3,789,387	277	0	0	277	0.0%	9.9%	40.7%	3
2008	2007	382,794	147,205	0	0	147,205	38.5%	6.5%	592.8%	2
2008	2008	37,575	0	0	0	0	0.0%	3.5%	0.0%	1
2009	2003	161,074	0	0	0	0	0.0%	31.5%	0.0%	7
2009	2004	1,697,032	69,286	0	0	69,286	4.1%	25.4%	16.1%	6
2009	2005	4,735,510	482,825	0	0	482,825	10.2%	19.4%	52.7%	5
2009	2006	3,653,664	29,312	0	0	29,312	0.8%	14.4%	5.6%	4
2009	2007	371,898	1,805	0	0	1,805	0.5%	9.9%	4.9%	3
2009	2008	109,430	0	0	0	0	0.0%	3.5%	0.0%	2
2009	2009	87,272	0	0	0	0	0.0%	3.5%	0.0%	1
2010	2003	155,444	249	0	0	249	0.2%	38.0%	0.4%	8
2010	2004	1,669,550	690,659	0	0	690,659	41.4%	31.5%	131.5%	7
2010	2005	4,611,960	564,813	88,463	0	653,276	14.2%	25.4%	55.9%	6
2010	2006	3,544,673	157,591	0	0	157,591	4.4%	19.4%	23.0%	5
2010	2007	362,184	1,562	0	0	1,562	0.4%	14.4%	3.0%	4
2010	2008	102,859	0	0	0	0	0.0%	9.9%	0.0%	3
2010	2009	109,800	9,140	0	0	9,140	8.3%	6.5%	128.3%	2
2010	2010	103	0	0	0	0	0.0%	3.5%	0.0%	1
2011	2003	153,362	0	0	0	0	0.0%	45.4%	0.0%	9
2011	2004	1,636,805	563,085	0	0	563,085	34.4%	38.0%	90.4%	8
2011	2005	4,454,637	958,459	0	0	958,459	21.5%	31.5%	68.4%	7
2011	2006	3,326,023	443,892	65,677	0	509,569	15.3%	25.4%	60.4%	6
2011	2007	340,440	1,562	0	0	1,562	0.5%	19.4%	4.0%	5
2011	2008	97,339	324	0	0	324	0.3%	14.4%	2.3%	4
2011	2009	103,926	0	0	0	0	0.0%	9.9%	0.0%	3
2011	2010	113	0	0	0	0	0.0%	6.5%	0.0%	2
2012	2003	153,077	0	0	0	0	0.0%	53.2%	0.0%	10
2012	2004	1,602,570	293,705	0	0	293,705	18.3%	45.4%	40.4%	9
2012	2005	4,343,547	1,362,486	135,465	0	1,497,952	34.5%	38.0%	90.7%	8
2012	2006	3,240,458	120,943	0	0	120,943	3.7%	31.5%	11.8%	7
2012	2007	327,251	1,201	0	0	1,201	0.4%	25.4%	1.4%	6
2012	2008	97,336	0	0	0	0	0.0%	19.4%	0.0%	5
2012	2009	103,116	0	0	0	0	0.0%	14.4%	0.0%	4
2012	2010	113	0	0	0	0	0.0%	9.9%	0.0%	3
2013	2003	146,354	159,863	0	0	159,863	109.2%	63.0%	173.4%	11
2013	2004	1,541,029	587,089	233,635	0	820,724	53.3%	53.2%	100.2%	10
2013	2005	4,261,611	687,537	100,333	0	787,870	18.5%	45.4%	40.7%	9
2013	2006	3,184,689	508,301	307,465	0	815,766	25.6%	38.0%	67.3%	8
2013	2007	320,738	218	0	0	218	0.1%	31.5%	0.2%	7
2013	2008	97,271	0	0	0	0	0.0%	25.4%	0.0%	6
2013	2009	103,104	0	0	0	0	0.0%	19.4%	0.0%	5
2013	2010	112	0	0	0	0	0.0%	14.4%	0.0%	4
2014	2003	49,885	0	0	0	0	0.0%	73.4%	0.0%	12
2014	2004	1,461,461	226,766	0	0	226,766	15.5%	63.0%	25.6%	11
2014	2005	4,218,793	1,215,781	828,095	0	2,043,876	48.4%	53.2%	91.1%	10
2014	2006	3,136,915	622,992	62,194	0	685,186	21.8%	45.4%	48.1%	9
2014	2007	316,821	2,683	0	0	2,683	0.8%	38.0%	2.2%	8
2014	2008	97,658	0	0	0	0	0.0%	31.5%	0.0%	7
2014	2009	103,085	0	0	0	0	0.0%	25.4%	0.0%	6
2014	2010	-18	0	0	0	0	0.0%	19.4%	0.0%	5
2015	2003	216,422	186,176	69,606	0	255,772	118.2%	85.9%	137.6%	13
2015	2004	1,374,113	514,989	183,432	0	698,421	50.8%	73.4%	69.2%	12
2015	2005	4,184,897	865,778	480,786	0	1,346,564	32.2%	63.0%	51.1%	11
2015	2006	3,243,206	304,951	406,053	0	711,004	21.9%	53.2%	41.2%	10
2015	2007	323,361	246,223	410,924	0	657,147	203.2%	45.4%	447.5%	9
2015	2008	97,031	0	0	0	0	0.0%	38.0%	0.0%	8
2015	2009	103,132	0	0	0	0	0.0%	31.5%	0.0%	7
2016	2003	135,921	51,813	0	239	52,052	38.3%	100.7%	38.0%	14
2016	2004	1,378,527	172,374	198,130	2,427	372,929	27.0%	85.9%	32.2%	13
2016	2005	3,931,325	843,639	892,514	6,919	1,743,073	44.3%	73.4%	60.4%	12
2016	2006	3,068,046	728,409	437,967	5,400	1,171,775	38.2%	63.0%	60.6%	11
2016	2007	326,393	3,644	0	574	4,218	1.3%	53.2%	2.4%	10
2016	2008	93,150	0	0	164	164	0.2%	45.4%	0.4%	9
2016	2009	103,639	0	0	182	182	0.2%	38.0%	0.5%	8
2017	2003	135,289	2,931	0	2,142	5,073	3.7%	118.2%	3.2%	15
2017	2004	1,462,327	117,100	392,573	23,153	532,826	36.4%	100.7%	36.2%	14
2017	2005	4,171,057	653,602	2,059,222	66,041	2,778,865	66.6%	85.9%	77.5%	13
2017	2006	3,008,063	626,952	2,077,245	47,627	2,751,824	91.5%	73.4%	124.6%	12
2017	2007	292,627	15,786	0	4,633	20,420	7.0%	63.0%	11.1%	11
2017	2008	93,139	0	0	1,475	1,475	1.6%	53.2%	3.0%	10
2017	2009	103,170	0	0	1,634	1,634	1.6%	45.4%	3.5%	9
2018	2003	120,102	3,114	33,165	5,596	41,875	34.9%	139.4%	25.0%	16
2018	2004	1,241,083	80,854	1,237,603	57,830	1,378,286	110.9%	118.2%	93.8%	15
2018	2005	3,507,674	179,634	2,967,119	163,445	3,310,197	94.4%	100.7%	93.8%	14
2018	2006	2,527,304	49,814	1,348,066	117,763	1,515,643	60.0%	85.9%	69.8%	13
2018	2007	233,969	8,966	43,699	10,902	63,567	27.2%	73.4%	37.0%	12
2018	2008	77,808	0	0	3,626	3,626	4.7%	63.0%	7.4%	11
2018	2009	83,812	0	0	3,905	3,905	4.7%	53.2%	8.8%	10
2003	Total	101,585	0	0	0	0	0.0%	3.5%	0.0%	NA
2004	Total	1,150,688	0	0	0	0	0.0%	4.0%	0.0%	NA
2005	Total	5,379,653	133,373	0	0	133,373	2.5%	4.9%	50.6%	NA
2006	Total	11,331,086	310,288	0	0	310,288	2.7%	6.1%	44.5%	NA
2007	Total	11,595,003	214,443	0	0	214,443	1.8%	9.3%	19.9%	NA
2008	Total	11,047,347	208,021	0	0	208,021	1.9%	13.5%	14.0%	NA
2009	Total	10,815,879	583,229	0	0	583,229	5.4%	18.2%	29.6%	NA
2010	Total	10,556,572	1,424,015	88,463	0	1,512,478	14.3%	23.8%	60.3%	NA
2011	Total	10,112,646	1,967,322	65,677	0	2,032,969	20.1%	29.9%	63.2%	NA
2012	Total	9,876,468	1,778,335	135,465	0	1,913,800	19.4%	36.5%	53.2%	NA
2013	Total	9,654,909	1,943,007	641,433	0	2,584,440	26.8%	43.5%	61.5%	NA
2014	Total	9,384,600	2,068,222	890,289	0	2,958,512	31.5%	51.2%	61.6%	NA
2015	Total	9,542,162	2,118,116	1,550,805	0	3,668,921	38.4%	60.5%	63.6%	NA
2016	Total	9,037,211	1,799,878	1,528,611	15,906	3,344,395	37.0%	70.8%	52.3%	NA
2017	Total	9,265,672	1,416,371	4,529,040	146,705	6,092,116	65.7%	83.2%	79.1%	NA
2018	Total	7,791,751	322,381	5,629,652	363,087	6,315,100	81.0%	97.6%	83.1%	NA
Total	Total	136,643,241	16,287,002	15,059,433	526,678	31,872,114	23.3%	37.4%	62.3%	NA

Exhibit 4 - Revised
Confidential General Insurance Company
Nationwide Experience (Excluding Florida)
Policies in Premium Paying Status
Policy Form: 21CP0001

Calendar Year	Original Assumptions										Current Assumptions																
	Expected Nationwide Cash Flows Under Original Pricing Assumptions					Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions					Without Proposed Rate Increase					With Proposed 150% Rate Increase					With Proposed Rate Schedule Since Inception						
	Premium Original Rpt/yr	Incurred Claims	Incurred Loss Ratio	Premium Original Rpt/yr	Incurred Claims	Incurred Loss Ratio	Premium Original Rpt/yr	State Rpt	FD Cms	Clm Rts	By Incurred Year	Inc Cms	Incurred Loss Ratio	Premium Original Rpt/yr	State Rpt	Incurred Claims	Incurred Loss Ratio	Premium Original Rpt/yr	State Rpt	Incurred Claims	Incurred Loss Ratio	Premium Original Rpt/yr	State Rpt	Incurred Claims	Incurred Loss Ratio		
2003	101,585	1,595	1.5%	101,585	1,595	1.5%	101,585	101,585	0	0	0	0.0%	101,585	101,585	0	0.0%	101,585	101,585	0	0.0%	101,585	101,585	0	0.0%	251,964	0	0.0%
2004	820,033	31,817	3.9%	763,198	0	0.0%	763,198	763,198	0	0	0	0.0%	763,198	763,198	0	0.0%	763,198	763,198	0	0.0%	763,198	763,198	0	0.0%	1,907,995	0	0.0%
2005	4,068,649	169,729	4.2%	4,006,698	133,373	3.3%	4,006,698	4,006,698	133,373	0	0	3.3%	4,006,698	4,006,698	133,373	3.3%	4,006,698	4,006,698	133,373	3.3%	4,006,698	4,006,698	133,373	3.3%	10,216,746	133,373	1.3%
2006	8,124,451	431,452	5.3%	8,124,451	310,288	3.8%	8,124,451	8,124,451	310,288	0	0	3.8%	8,124,451	8,124,451	310,288	3.8%	8,124,451	8,124,451	310,288	3.8%	8,124,451	8,124,451	310,288	3.8%	20,423,410	310,288	1.5%
2007	9,354,303	719,423	7.7%	9,402,406	214,443	2.3%	9,402,406	9,402,406	214,443	0	0	2.3%	9,402,406	9,402,406	214,443	2.3%	9,402,406	9,402,406	214,443	2.3%	9,402,406	9,402,406	214,443	2.3%	23,506,015	214,443	0.9%
2008	9,028,033	1,029,629	11.4%	9,217,145	208,021	2.3%	9,217,145	9,217,145	208,021	0	0	2.3%	9,217,145	9,217,145	208,021	2.3%	9,217,145	9,217,145	208,021	2.3%	9,217,145	9,217,145	208,021	2.3%	23,042,863	208,021	0.9%
2009	8,855,005	1,387,057	15.7%	9,002,307	583,229	6.5%	9,002,307	9,002,307	583,229	0	0	6.5%	9,002,307	9,002,307	583,229	6.5%	9,002,307	9,002,307	583,229	6.5%	9,002,307	9,002,307	583,229	6.5%	22,926,797	583,229	2.6%
2010	8,486,028	1,774,882	20.9%	8,756,458	1,512,229	17.3%	8,756,458	8,756,458	1,512,229	0	0	17.3%	8,756,458	8,756,458	1,512,229	17.3%	8,756,458	8,756,458	1,512,229	17.3%	8,756,458	8,756,458	1,512,229	17.3%	21,891,146	1,512,229	6.9%
2011	8,112,969	2,168,844	26.7%	8,330,466	1,868,150	22.4%	8,330,466	8,330,466	1,868,150	0	0	22.4%	8,330,466	8,330,466	1,868,150	22.4%	8,330,466	8,330,466	1,868,150	22.4%	8,330,466	8,330,466	1,868,150	22.4%	20,826,165	1,868,150	9.0%
2012	7,716,095	2,544,087	33.0%	8,113,136	1,492,420	18.4%	8,113,136	8,113,136	1,492,420	0	0	18.4%	8,113,136	8,113,136	1,492,420	18.4%	8,113,136	8,113,136	1,492,420	18.4%	8,113,136	8,113,136	1,492,420	18.4%	20,282,820	1,492,420	7.4%
2013	7,236,247	2,898,797	39.7%	7,894,622	2,581,181	32.7%	7,894,622	7,894,622	2,581,181	0	0	32.7%	7,894,622	7,894,622	2,581,181	32.7%	7,894,622	7,894,622	2,581,181	32.7%	7,894,622	7,894,622	2,581,181	32.7%	19,736,524	2,581,181	13.1%
2014	6,857,074	3,234,446	47.2%	7,654,170	2,842,375	37.1%	7,654,170	7,654,170	2,842,375	0	0	37.1%	7,654,170	7,654,170	2,842,375	37.1%	7,654,170	7,654,170	2,842,375	37.1%	7,654,170	7,654,170	2,842,375	37.1%	19,316,425	2,842,375	14.9%
2015	6,406,949	3,561,534	55.6%	7,617,606	3,483,864	45.7%	7,617,606	7,617,606	3,483,864	0	0	45.7%	7,617,606	7,617,606	3,483,864	45.7%	7,617,606	7,617,606	3,483,864	45.7%	7,617,606	7,617,606	3,483,864	45.7%	19,080,014	3,483,864	18.3%
2016	5,957,632	3,889,857	65.3%	7,365,674	3,328,848	45.2%	7,365,674	7,365,674	3,328,848	0	0	45.2%	7,365,674	7,365,674	3,328,848	45.2%	7,365,674	7,365,674	3,328,848	45.2%	7,365,674	7,365,674	3,328,848	45.2%	18,414,184	3,328,848	18.1%
2017	5,518,056	4,215,182	76.4%	7,150,813	3,171,872	44.3%	7,150,813	7,150,813	3,171,872	0	0	44.3%	7,150,813	7,150,813	3,171,872	44.3%	7,150,813	7,150,813	3,171,872	44.3%	7,150,813	7,150,813	3,171,872	44.3%	17,877,032	3,171,872	28.9%
2018	4,213,337	3,792,073	89.4%	5,678,064	5,996,124	105.6%	5,678,064	5,678,064	5,996,124	105.6%	105.6%	105.6%	5,678,064	5,678,064	5,996,124	105.6%	5,678,064	5,678,064	5,996,124	105.6%	5,678,064	5,678,064	5,996,124	105.6%	14,148,160	5,996,124	42.2%
2019	848,667	758,415	89.4%	1,153,693	1,031,592	89.6%	1,153,693	1,153,693	1,031,592	89.6%	89.6%	89.6%	1,153,693	1,153,693	1,031,592	89.6%	1,153,693	1,153,693	1,031,592	89.6%	1,153,693	1,153,693	1,031,592	89.6%	2,876,705	838,126	29.1%
2020	4,681,395	4,904,131	104.8%	6,344,771	6,631,438	104.5%	6,344,771	6,344,771	6,631,438	104.5%	104.5%	104.5%	6,344,771	6,344,771	6,631,438	104.5%	6,344,771	6,344,771	6,631,438	104.5%	6,344,771	6,344,771	6,631,438	104.5%	16,989,204	5,743,555	33.8%
2021	4,237,544	5,270,040	124.3%	5,802,250	7,086,771	122.0%	5,802,250	5,802,250	7,086,771	122.0%	122.0%	122.0%	5,802,250	5,802,250	7,086,771	122.0%	5,802,250	5,802,250	7,086,771	122.0%	5,802,250	5,802,250	7,086,771	122.0%	16,511,347	6,444,849	39.0%
2022	3,911,842	5,619,842	143.7%	6,286,794	7,958,384	126.6%	6,286,794	6,286,794	7,958,384	126.6%	126.6%	126.6%	6,286,794	6,286,794	7,958,384	126.6%	6,286,794	6,286,794	7,958,384	126.6%	6,286,794	6,286,794	7,958,384	126.6%	16,029,192	7,922,423	49.4%
2023	3,563,620	5,938,301	167.1%	4,796,495	7,869,988	164.1%	4,796,495	4,796,495	7,869,988	164.1%	164.1%	164.1%	4,796,495	4,796,495	7,869,988	164.1%	4,796,495	4,796,495	7,869,988	164.1%	4,796,495	4,796,495	7,869,988	164.1%	15,504,931	8,310,485	53.6%
2024	3,215,004	6,534,420	203.5%	4,384,177	8,231,608	187.8%	4,384,177	4,384,177	8,231,608	187.8%	187.8%	187.8%	4,384,177	4,384,177	8,231,608	187.8%	4,384,177	4,384,177	8,231,608	187.8%	4,384,177	4,384,177	8,231,608	187.8%	14,948,878	9,267,575	62.1%
2025	2,895,949	6,170,486	213.1%	3,899,404	8,950,175	230.0%	3,899,404	3,899,404	8,950,175	230.0%	230.0%	230.0%	3,899,404	3,899,404	8,950,175	230.0%	3,899,404	3,899,404	8,950,175	230.0%	3,899,404	3,899,404	8,950,175	230.0%	14,422,208	10,260,362	71.2%
2026	2,586,832	6,384,782	246.9%	3,489,636	8,840,427	253.4%	3,489,636	3,489,636	8,840,427	253.4%	253.4%	253.4%	3,489,636	3,489,636	8,840,427	253.4%	3,489,636	3,489,636	8,840,427	253.4%	3,489,636	3,489,636	8,840,427	253.4%	13,927,818	11,275,818	82.4%
2027	2,318,122	6,975,680	300.8%	3,110,422	9,006,299	289.6%	3,110,422	3,110,422	9,006,299	289.6%	289.6%	289.6%	3,110,422	3,110,422	9,006,299	289.6%	3,110,422	3,110,422	9,006,299	289.6%	3,110,422	3,110,422	9,006,299	289.6%	13,406,612	12,301,600	94.6%
2028	2,000,107	6,999,688	349.9%	2,760,104	8,986,318	325.7%	2,760,104	2,760,104	8,986,318	325.7%	325.7%	325.7%	2,760,104	2,760,104	8,986,318	325.7%	2,760,104	2,760,104	8,986,318	325.7%	2,760,104	2,760,104	8,986,318	325.7%	12,895,466	11,838,408	91.8%
2029	1,821,587	6,986,333	383.3%	2,438,298	8,920,379	365.8%	2,438,298	2,438,298	8,920,379	365.8%	365.8%	365.8%	2,438,298	2,438,298	8,920,379	365.8%	2,438,298	2,438,298	8,920,379	365.8%	2,438,298	2,438,298	8,920,379	365.8%	12,378,112	14,866,942	124.1%
2030	1,665,010	6,961,391	413.7%	2,144,161	8,841,735	412.5%	2,144,161	2,144,161	8,841,735	412.5%	412.5%	412.5%	2,144,161	2,144,161	8,841,735	412.5%	2,144,161	2,144,161	8,841,735	412.5%	2,144,161	2,144,161	8,841,735	412.5%	10,847,749	15,308,942	141.7%
2031	1,496,628	6,916,344	461.9%	1,944,917	8,794,912	454.9%	1,944,917	1,944,917	8,794,912	454.9%	454.9%	454.9%	1,944,917	1,944,917	8,794,912	454.9%	1,944,917	1,944,917	8,794,912	454.9%	1,944,917	1,944,917	8,794,912	454.9%	10,321,280	16,304,866	161.2%
2032	1,226,622	6,808,974	556.2%	1,634,252	8,568,976	524.4%	1,634,252	1,634,252	8,568,976	524.4%	524.4%	524.4%	1,634,252	1,634,252	8,568,976	524.4%	1,634,252	1,634,252	8,568,976	524.4%	1,634,252	1,634,252	8,568,976	524.4%	9,744,790	17,128,667	182.7%
2033	1,064,992	6,622,248	622.3%	1,413,938	8,301,685	586.4%	1,413,938	1,413,938	8,301,685	586.4%	586.4%	586.4%	1,413,938	1,413,938	8,301,685	586.4%	1,413,938	1,413,938	8,301,685	586.4%	1,413,938	1,413,938	8,301,685	586.4%	9,214,589	17,833,289	206.2%
2034	918,143	6,404,983	698.6%	1,205,214	8,000,253	665.0%	1,205,214	1,205,214	8,000,253	665.0%	665.0%	665.0%	1,205,214	1,205,214	8,000,253	665.0%	1,205,214	1,205,214	8,000,253	665.0%	1,205,214	1,205,214	8,000,253	665.0%	8,712,631	15,339,796	176.0%
2035	787,857	6,181,513	784.6%	1,045,994	7,700,805	736.2%	1,045,994	1,045,994	7,700,805	736.2%	736.2%	736.2%	1,045,994	1,045,994	7,700,805	736.2%	1,045,994	1,045,994	7,700,805	736.2%	1,045,994	1,045,994	7,700,805	736.2%	8,244,536	17,883,180	216.0%
2036	672,123	5,939,303	883.7%	891,423	7,378,562	827.7%	891,423	891,423	7,378,562	827.7%	827.7%	827.7%	891,423	891,423	7,378,562	827.7%	891,423	891,423	7,378,562	827.7%	891,423	891,423	7,378,562	827.7%	7,647,957	15,010,564	289.5%
2037	560,967	5,699,237	1014.9%	752,211	6,896,718	915.7%	752,211	752,211	6,896,718	915.7%	915.7%	915.7%	752,211	752,211	6,896,718	915.7%	752,211	7									

Exhibit 5
Continental General Insurance Company
Policy Form: 2LTCIP0001 (VA)
Eligibility for Contingent Benefit Upon Lapse (CBUL)

VA State Specific

Lives Inforce	Issue Age								Total
	< 50	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	
Total Premium Paying	16	31	33	33	15	10	0	0	138
Rate-Stability	16	31	33	33	15	10	0	0	138
Eligible for CBUL	16	31	33	33	15	10	0	0	138

Exhibit 6
Continental General Insurance Company
Virginia Experience
All Policies Combined
Policy Forms: 2LTCIP0001 (VA)

Calendar Year	Without Proposed Rate Increase										With Proposed 150% Rate Increase			
	Premium		By Incurral Year							Incurred Loss Ratio		Premium	Incurred	Incd LR
	Actual	Original RtLvl	State RtLvl	Pd Clms	Clm Res	IBNR	Inc Clms	Actual	State RtLvl	State RtLvl	Claims	State RtLvl		
2004	21,032	21,032	21,032	0	0	0	0	0.0%	0.0%	21,032	0	0.0%		
2005	243,347	243,347	243,347	0	0	0	0	0.0%	0.0%	243,347	0	0.0%		
2006	443,938	443,938	443,938	217	0	0	217	0.0%	0.0%	443,938	217	0.0%		
2007	378,045	378,045	378,045	12,271	0	0	12,271	3.2%	3.2%	378,045	12,271	3.2%		
2008	373,425	373,425	373,425	0	0	0	0	0.0%	0.0%	373,425	0	0.0%		
2009	363,117	363,117	363,117	0	0	0	0	0.0%	0.0%	363,117	0	0.0%		
2010	359,022	359,022	359,022	0	0	0	0	0.0%	0.0%	359,022	0	0.0%		
2011	352,677	352,677	352,677	0	0	0	0	0.0%	0.0%	352,677	0	0.0%		
2012	336,092	336,092	336,092	96,720	0	0	96,720	28.8%	28.8%	336,092	96,720	28.8%		
2013	330,604	330,604	330,604	1,015	0	0	1,015	0.3%	0.3%	330,604	1,015	0.3%		
2014	324,804	324,804	324,804	119,914	0	0	119,914	36.9%	36.9%	324,804	119,914	36.9%		
2015	314,594	314,594	314,594	0	0	0	0	0.0%	0.0%	314,594	0	0.0%		
2016	278,022	278,022	278,022	7,524	0	489	8,013	2.9%	2.9%	278,022	8,013	2.9%		
2017	227,663	227,663	227,663	19,850	85,704	3,605	109,159	47.9%	47.9%	227,663	109,159	47.9%		
2018	180,513	180,513	180,513	930	217,694	8,411	227,035	125.8%	125.8%	180,513	227,035	125.8%		
Jan-Oct														
Nov-Dec														
2018		37,028	37,028				32,937		88.9%	37,028	32,937	88.9%		
2019		217,658	217,658				209,022		96.0%	217,658	209,022	96.0%		
2020		210,061	210,061				235,961		112.3%	309,638	226,139	73.0%		
2021		202,807	202,807				264,237		130.3%	410,532	239,918	58.4%		
2022		196,465	196,465				294,011		149.7%	397,842	266,364	67.0%		
2023		189,573	189,573				325,764		171.8%	383,885	294,499	76.7%		
2024		182,142	182,142				358,680		196.9%	368,838	323,604	87.7%		
2025		174,231	174,231				392,554		225.3%	352,818	353,389	100.2%		
2026		165,952	165,952				427,876		257.8%	336,052	384,389	114.4%		
2027		157,386	157,386				465,355		295.7%	318,707	417,366	131.0%		
2028		148,591	148,591				506,114		340.6%	300,896	453,287	150.6%		
2029		139,683	139,683				549,279		393.2%	282,859	491,406	173.7%		
2030		130,781	130,781				594,450		454.5%	264,832	531,227	200.6%		
2031		121,258	121,258				639,498		527.4%	245,547	570,972	232.5%		
2032		112,501	112,501				683,601		607.6%	227,815	610,188	267.8%		
2033		103,871	103,871				726,686		699.6%	210,339	648,669	308.4%		
2034		95,413	95,413				767,528		804.4%	193,212	685,289	354.7%		
2035		87,003	87,003				803,510		923.5%	176,180	717,553	407.3%		
2036		78,443	78,443				832,423		1061.2%	158,846	743,641	468.2%		
2037		70,000	70,000				853,066		1218.7%	141,751	762,476	537.9%		
2038		62,660	62,660				866,343		1382.6%	126,886	774,773	610.6%		
2039		55,698	55,698				869,758		1561.6%	112,789	778,288	690.0%		
2040		49,149	49,149				861,299		1752.4%	99,526	771,026	774.7%		
2041		43,031	43,031				841,503		1955.6%	87,137	753,618	864.9%		
2042		37,371	37,371				810,980		2170.1%	75,677	726,432	959.9%		
2043		32,182	32,182				771,303		2396.7%	65,168	690,749	1059.9%		
2044		27,468	27,468				721,519		2626.7%	55,623	645,857	1161.1%		
2045		23,226	23,226				663,757		2857.8%	47,033	593,587	1262.1%		
2046		19,449	19,449				604,283		3107.1%	39,383	539,631	1370.2%		
2047		16,122	16,122				543,206		3369.3%	32,647	484,015	1482.6%		
2048		13,228	13,228				481,930		3643.2%	26,787	428,038	1597.9%		
2049		10,742	10,742				421,919		3927.6%	21,754	373,369	1716.4%		
2050		8,636	8,636				366,760		4246.6%	17,489	323,122	1847.6%		
2051		6,871	6,871				318,829		4640.3%	13,913	279,412	2008.2%		
2052		5,407	5,407				277,206		5127.1%	10,948	241,514	2205.9%		
2053		4,209	4,209				241,047		5727.0%	8,523	208,632	2447.8%		
2054		3,242	3,242				209,434		6459.8%	6,565	180,060	2742.6%		
2055		2,473	2,473				181,784		7350.7%	5,008	155,237	3099.9%		
2056		1,867	1,867				158,042		8466.6%	3,780	134,070	3546.8%		
2057		1,394	1,394				137,475		9862.0%	2,823	115,924	4106.7%		
2058		1,029	1,029				120,013		11657.6%	2,085	100,657	4828.4%		
2059		752	752				104,747		13935.6%	1,522	87,447	5745.1%		
2060		542	542				90,659		16740.1%	1,097	75,393	6874.7%		
2061		384	384				78,408		20403.2%	778	64,993	8351.7%		
2062		269	269				67,803		25234.8%	544	56,050	10301.4%		
2063		185	185				58,208		31493.0%	374	48,015	12828.6%		
2064		125	125				48,978		39121.5%	254	40,339	15911.6%		
2065		83	83				40,143		48115.2%	169	33,026	19548.0%		
2066		55	55				32,826		60019.5%	111	26,981	24361.9%		
2067		35	35				26,504		74797.5%	72	21,768	30337.7%		
2068		23	23				20,865		92020.3%	46	17,128	37302.4%		
2069		14	14				16,068		112056.1%	29	13,184	45405.8%		
2070		9	9				12,178		136069.7%	18	9,990	55118.7%		
2071		5	5				9,274		169069.9%	11	7,605	68465.1%		
2072		3	3				7,117		215155.3%	7	5,834	87096.4%		
2073		2	2				5,363		273125.7%	4	4,395	110529.4%		
2074		1	1				3,974		338611.0%	2	3,256	137003.2%		
2075		1	1				2,900		424232.2%	1	2,376	171631.2%		
2076		0	0				2,097		532994.1%	1	1,718	215602.9%		
2077		0	0				1,508		700510.9%	0	1,235	283354.6%		
Without Interest														
Past	4,526,895	4,526,895	4,526,895				574,344	12.7%	12.7%	4,526,895	574,344	12.7%		
Future		3,248,790	3,248,790				21,060,559		648.3%	6,201,860	18,781,076	302.8%		
Lifetime		7,775,685	7,775,685				21,634,903		278.2%	10,728,754	19,355,420	180.4%		
With Interest														
Past	6,261,078	6,261,078	6,261,078				646,953	10.3%	10.3%	6,261,078	646,953	10.3%		
Future		2,229,981	2,229,981				9,822,510		440.5%	4,152,937	8,814,533	212.2%		
Lifetime		8,491,059	8,491,059				10,469,463		123.3%	10,414,015	9,461,486	90.9%		

The interest rate used to accumulate historical values and discount future values is 4.3%.

Exhibit 7 - Revised
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Premium Paying Policies Only
Policy Forms: 2LTCIP0001

60% / 80% Test

1 = Accumulated value of initial earned premium (Past, Original RtLvl, Exhibit 4)	148,757,371
2a = Accumulated value of earned premium (Past, State RtLvl, Exhibit 4)	148,757,371
2b = Accumulated value of prior premium rate schedule rate increases = 2a - 1	-
3 = Present value of future projected initial earned premium (Future, Original RtLvl, Exhibit 4)	58,433,047
4a = Present value of future projected premium (Future, State RtLvl, Exhibit 4)	129,480,063
4b = Present value of future projected premium in excess of the projected initial earned premiums = 4a - 3	71,047,016
5 = Lifetime Earned Premium Times Prescribed Factor = (1 + 3) x 60% + (2b + 4b) x 80%	181,151,864
6a = Accumulated value of incurred claims without the inclusion of active life reserves (Past, Exhibit 4)	34,822,538
6b = Present value of future projected incurred claims without the inclusion of active life reserves (Future, Exhibit 4)	195,465,936
7 = Lifetime Incurred Claims with Rate Increase = 6a + 6b	230,288,474
8 = Test: 7 is not less than 5	TRUE

Exhibit 8 - Revised
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Premium Paying Policies Only
Policy Forms: 2LTCIP0001

58% / 85% Test

1 = Accumulated value of initial earned premium (Past, Original RtLvl, Exhibit 4)	148,757,371
2a = Accumulated value of earned premium (Past, State RtLvl, Exhibit 4)	148,757,371
2b = Accumulated value of prior premium rate schedule rate increases = 2a - 1	-
3 = Present value of future projected initial earned premium (Future, Original RtLvl, Exhibit 4)	58,433,047
4a = Present value of future projected premium (Future, State RtLvl, Exhibit 4)	129,480,063
4b = Present value of future projected premium in excess of the projected initial earned premiums = 4a - 3	71,047,016
5 = Lifetime Earned Premium Times Prescribed Factor = (1 + 3) x 58% + (2b + 4b) x 85%	180,560,406
6a = Accumulated value of incurred claims without the inclusion of active life reserves (Past, Exhibit 4)	34,822,538
6b = Present value of future projected incurred claims without the inclusion of active life reserves (Future, Exhibit 4)	195,465,936
7 = Lifetime Incurred Claims with Rate Increase = 6a + 6b	230,288,474
8 = Test: 7 is not less than 5	TRUE

Exhibit 9 - Revised
 Continental General Insurance
 Policy Forms: ZLTCP0001 and ZLTCP0002
 Nationwide (Excluding Florida) Rate Increase History as of 7/21/2021

States	1st Increase				2nd Increase				3rd Increase				4th Increase				5th Increase				Cumulative %	Annual Premium ¹	Lives ²	Current Status	
	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved					
AK	10/3/2013	20.0%	10/30/2013	20.0%	2/17/2016	30.0%	6/30/2016	30.0%	10/15/2020	82.7%	10/15/2020	82.7%									184.9%	\$14,986	5	Approved	
AL	9/5/2013	20.0%	12/23/2013	20.0%	2/10/2016	30.0%	12/5/2016	30.0%	11/20/2017	48.1%	6/11/2021	15.0%									79.4%	\$600,262	294	Approved	
AR	11/14/2013	20.0%	1/22/2014	0.0%	2/10/2016	30.0%	8/8/2016	10.0%	12/10/2017	120.2%	1/18/2018	25.0%									71.9%	\$39,330	23	Approved	
AZ	12/29/2013	20.0%	1/7/2014	0.0%	9/26/2018	143.3%	7/9/2019	45.0%					5/15/2020	72.0%	6/25/2020	25.0%					45.0%	\$42,550	16	Not Filed	
CO	4/30/2019	122.0%	PENDING																		0.0%	\$37,574	26	Pending	
CT	11/14/2013	20.0%	12/18/2013	0.0%	8/19/2016	30.0%	9/28/2016	0.0%													0.0%	\$41,190	17	To Be Filed	
DC	7/23/2020	33.1%	1/1/2021	10.0%																	10.0%	\$3,296	6	Approved	
DE	10/23/2013	20.0%	1/17/2014	20.0%	2/18/2016	30.0%	4/27/2016	10.0%													32.0%	\$3,538	1	Not Filed	
GA	9/25/2013	20.0%	3/4/2014	12.0%	2/12/2016	30.0%	5/11/2016	12.0%	11/29/2017	87.0%	3/6/2018	16.0%	6/14/2019	77.0%	8/26/2019	12.0%					63.0%	\$35,509	22	To Be Filed	
HI	11/14/2013	20.0%	12/25/2017	20.3%	6/12/2020	116.0%	11/12/2020	41.5%													70.2%	\$23,293	13	Approved	
IA	11/21/2013	20.0%	5/13/2014	17.0%	6/27/2016	30.0%	10/11/2016	15.0%	1/30/2018	73.3%	5/8/2018	30.0%	4/8/2020	62.0%	8/12/2020	30.0%					127.4%	\$114,462	66	Approved	
ID	9/24/2013	20.0%	2/10/2014	20.0%	2/16/2016	30.0%	9/16/2016	30.0%													56.0%	\$25,905	14	Pending	
IL	9/24/2013	20.0%	5/7/2018	157.6%																	157.6%	\$176,572	47	To Be Filed	
IN	7/2/2019	121.0%	3/10/2020	20.0%																	20.0%	\$513,799	225	To Be Filed	
KS	10/22/2013	20.0%	11/26/2014	0.0%	5/27/2016	30.0%	9/16/2016	30.0%	11/27/2017	84.6%	7/19/2019	65.3%									114.9%	\$110,501	70	To Be Filed	
KY	3/3/2014	20.0%	5/29/2014	13.4%	7/12/2016	30.0%	10/19/2016	20.0%														36.1%	\$212,611	146	Approved
LA	9/16/2013	20.0%	10/8/2013	0.0%	2/12/2016	30.0%	11/2/2016	15.0%	11/20/2017	110.3%	3/11/2019	10.0%									26.5%	\$35,296	23	To Be Filed	
MA																					0.0%	\$174,036	104	To Be Filed	
MD	9/16/2013	20.0%	2/25/2014	15.0%	2/10/2016	15.0%	6/10/2016	15.0%													32.3%	\$39,440	20	Not Filed	
ME (Pre)	4/22/2013	20.0%	7/18/2014	20.0%																	20.0%	\$3,409	2	To Be Filed	
ME (Post)	4/22/2013	20.0%	10/28/2014	20.0%																	20.0%	\$12,929	9	To Be Filed	
MI	9/11/2013	20.0%	11/22/2013	20.0%	2/10/2016	30.0%	2/19/2016	30.0%	11/20/2017	45.6%	1/11/2018	45.6%									127.1%	\$11,062	4	Not Filed	
MN	10/23/2013	20.0%	2/20/2014	20.0%	2/23/2016	30.0%	9/15/2016	21.2%	5/6/2019	64.0%	2/13/2020	52.1%									121.2%	\$70,119	50	Not Filed	
MO (Pre)	9/17/2013	20.0%	2/3/2014	20.0%	2/1/2018	92.5%	5/6/2020	114.0%													20.0%	\$19,597	17	Not Filed	
MO (Post)	9/17/2013	20.0%	2/3/2014	20.0%	2/1/2018	92.5%	5/6/2020	114.0%													156.8%	\$70,357	57	Approved	
MS	11/15/2013	20.0%	2/7/2014	20.0%	4/19/2016	25.0%	10/11/2016	25.0%	11/20/2017	25.0%	7/9/2019	11.9%	6/4/2021	25.0%	PENDING						67.8%	\$818,479	610	Pending	
MT	9/23/2013	20.0%	11/22/2013	20.0%	2/19/2016	30.0%	7/19/2016	13.0%													35.6%	\$2,181	2	Not Filed	
NC	2/6/2014	20.0%	6/2/2014	20.0%	5/3/2016	30.0%	1/31/2017	20.0%	11/27/2017	64.9%	6/21/2018	31.3%	4/2/2020	54.6%	4/6/2021	25.0%					136.3%	\$2,894,740	1021	Approved	
ND	9/16/2013	20.0%	10/21/2013	15.0%	2/12/2016	30.0%	3/14/2016	15.0%	11/20/2017	74.5%	1/19/2018	44.0%	8/21/2020	51.0%	9/16/2020	51.0%					187.6%	\$31,589	17	Approved	
NE	11/5/2013	20.0%	2/24/2014	20.0%	2/12/2016	30.0%	5/16/2016	30.0%	11/30/2017	47.4%	9/17/2018	47.4%									129.9%	\$52,266	24	Not Filed	
NH	11/14/2013	20.0%	3/17/2015	10.0%																	10.0%	\$28,428	15	To Be Filed	
NJ (Pre)	12/6/2013	20.0%	3/19/2014	0.0%	2/2/2018	143.8%	1/8/2019	0.0%	6/28/2021	227.0%	PENDING										0.0%	\$31,268	21	Pending	
NJ (Post)	12/6/2013	20.0%	3/19/2014	0.0%	2/2/2018	143.8%	7/11/2019	0.0%	6/28/2021	227.0%	PENDING										0.0%	\$303,257	166	Pending	
NM	2/10/2014	20.0%	4/24/2014	0.0%	5/27/2016	30.0%	8/4/2016	6.0%	4/30/2019	136.0%	6/28/2019	15.0%									21.9%	\$14,883	9	To Be Filed	
NV	11/5/2013	20.0%	11/14/2014	20.0%	2/23/2016	30.0%	2/2/2017	30.0%	11/30/2017	50.3%	7/13/2018	51.9%									136.9%	\$4,937	2	Not Filed	
OH	8/30/2013	20.0%	10/23/2013	20.0%	5/27/2016	30.0%	6/29/2016	15.0%	12/20/2017	15.0%	1/11/2018	15.0%	7/2/2019	15.0%	11/6/2019	15.0%					82.5%	\$156,444	55	To Be Filed	
OK	11/6/2013	20.0%	3/5/2014	20.0%	2/25/2016	30.0%	4/14/2016	10.0%	11/27/2017	74.9%	5/16/2018	10.0%	7/30/2019	77.0%	8/20/2019	32.3%					92.0%	\$52,419	34	Not Filed	
OR	3/4/2014	20.0%	4/9/2015	20.0%	9/28/2018	95.5%	PENDING														20.0%	\$72,328	44	Pending	
PA	5/22/2014	20.0%	9/11/2014	15.0%	3/8/2016	30.0%	6/20/2016	20.0%	11/27/2017	69.6%	5/24/2018	20.0%	6/14/2019	55.0%	9/3/2019	20.0%	7/8/2020	46.0%	8/7/2020	20.0%	138.5%	\$1,585,274	594	Approved	
RI																					0.0%	\$0	0	Not Filed	
SC	10/23/2013	20.0%	2/25/2014	20.0%	2/17/2016	30.0%	5/19/2016	20.0%	11/27/2017	59.4%	1/18/2018	20.0%	9/27/2019	49.0%	7/30/2020	42.2%					145.7%	\$126,041	67	Approved	
SD	11/21/2013	20.0%	11/25/2013	20.0%	4/19/2016	30.0%	5/31/2016	30.0%	12/8/2017	47.0%	12/15/2017	47.0%									129.3%	\$22,015	8	To Be Filed	
TN	10/3/2013	20.0%	2/4/2014	20.0%	4/19/2016	30.0%	11/7/2016	30.0%	4/30/2019	60.0%	7/1/2019	36.0%									112.1%	\$109,026	42	To Be Filed	
TX	4/24/2014	20.0%	4/25/2014	0.0%	12/22/2016	30.0%	4/3/2017	45.0%	5/10/2021	126.0%	PENDING										45.0%	\$596,627	455	Pending	
UT	11/27/2013	20.0%	1/20/2014	20.0%	10/23/2016	30.0%	2/9/2017	30.0%	9/24/2018	49.3%	2/26/2019	12.0%									74.7%	\$11,351	3	Not Filed	
VA	6/2/2016	30.0%	6/29/2017	0.0%	2/28/2018	144.4%	1/8/2019	0.0%	5/16/2019	150.0%	6/7/2021	132.9% ²									132.9%	\$206,682	129	Approved	
VT	11/6/2013	20.0%	8/27/2014	0.0%																	0.0%	\$3,094	2	To Be Filed	
WA	10/3/2013	20.0%	11/22/2013	20.0%	2/12/2016	30.0%	8/10/2016	30.0%	11/20/2017	47.0%	3/15/2019	0.0%	6/4/2020	76.0%	PENDING						56.0%	\$192,413	62	Pending	
WI	11/19/2013	20.0%	12/11/2013	20.0%	2/25/2016	30.0%	4/4/2017	30.0%	4/15/2020	60.4%	5/21/2020	60.4%									150.2%	\$86,739	35	Approved	
WV	11/6/2013	20.0%	1/6/2014	20.0%	2/24/2016	30.0%	5/27/2016	30.0%	8/1/2019	65.0%	5/8/2020	66.8%									160.2%	\$25,365	13	Approved	
WY	11/27/2013	20.0%	12/26/2013	20.0%	3/9/2016	30.0%	4/27/2016	30.0%	11/20/2017	46.4%	12/21/2017	46.4%									128.4%	\$2,841	1	Not Filed	

Totals: \$9,862,619 4,708

Nationwide Cumulative Approved (Premium Weighted): 88.9%

¹ Annual Premium and Lives as of 9/30/2020

² VA approved a 150% rate increase for novated ("CGIC") policies only. The effective rate increase is shown. Approval for non-novated ("GAIC") policies is pending.

**Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company**

Company Name and NAIC Number:

SERFF Tracking Number:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Range of Requested Rate Changes:

Number of Virginia Policyholders Affected:

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
2LTCIP0001 (VA)	N/A	4/26/2004 to 7/25/2006	None	No further premium rate schedule increases are anticipated at this time.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Rate Request Summary Supplement: 2LTCIP0001 (VA)

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily terminates his policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.



Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

January 5, 2021

To Whom It May Concern:

Great American Life Insurance Company ("GALIC"), NAIC # 63312, has engaged Continental LTC, Inc. to provide comprehensive administrative services regarding GALIC long-term care policies. Pursuant to this arrangement, Continental LTC, Inc. is authorized to complete and submit all long-term care related filings and reports with state departments of insurance.

This authorization is valid until revoked by GALIC or the earlier of (i) the termination date of the last in-force long-term care policy or (ii) the date the administrative services agreement with Continental LTC is terminated.

Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Gruber", with a long horizontal flourish extending to the right.

John P. Gruber
Senior Vice President and General Counsel

June 29, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 6/22/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Applies to:

[CGI\(GAL\) – RINC\(VA\)\(0320\)](#)
[CGI\(GAL-01\) – RINC\(VA\)\(0320\)-BR](#)
[CGI\(GAL-01\) – RINC\(VA\)\(0320\)-CNFO](#)
[CGI\(GAL-01\) – RINC\(VA\)\(0320\)-CNFOLP](#)
[CGI\(GAL\) – RINC\(VA\)\(0320\)LP](#)

1. *Please advise if it is the company's intent to file separate forms for each of the Long-term care rate increase filings.*

Should the company decide to file the forms under one of the current filings, please provide the SERFF Tracking number for the filing under which forms are to be reviewed. The related filings should reference that SERFF tracking # if those forms are to be used in conjunction with the rate request filing.

It is not the Company's intent to file separate forms for each of the Long-term care rate increase filings.

The Company would like this filing to be used for the forms review. The Company's other related Long-term care rate increase filings (SERFF #'s GLTC-132873539 and GLTC-132875298) will reference this filing.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

July 22, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 6/22/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Summary

As discussed with the state via conference call on 7/07/2021, this filing is a continuation of SERFF filing #GLTC-131940319, which was approved on 6/07/2021. This filing reflects the same policy forms as the above referenced filing but is for the set of policyholders that did not accept the Notice of Assumption when Great American Life Insurance Company was assumed by United Teacher Associates Insurance Company in 2010. These policyholders will herein be referred to as 'GAIC' policyholders. The policyholders that *did* accept the Notice of Assumption, which are impacted by the approved filing #GLTC-131940319, will herein be referred to as 'CGIC' policyholders. Based on discussions with the state, this 'GAIC' filing was to be submitted only after approval for the 'CGIC' filing (#GLTC-131940319).

As of 10/31/2018, there are 17 'GAIC' policyholders and 121 'CGIC' policyholders for the above referenced policy forms. The 121 'CGIC' policyholders will receive a rate increase of 150% (pending implementation), as approved in the filing #GLTC-131940319 on 6/07/2021. Since the 'GAIC' policyholders in this filing are under the same policy forms (the only difference being the acceptance of the Notice of Assumption) the experience is anticipated to be similar to that of the 'CGIC' policyholders, therefore the Company has filed using the same analysis and valuation date (10/31/2018) which supported the 'CGIC' filing and is requesting the same rate increase of 150%. The analysis uses the combined experience of the 'CGIC' and 'GAIC' policyholders. The Company does not believe the acceptance (or not) of the Notice of Assumption should result in a different rate increase request.

Please note that for this filing, using a different experience basis or valuation date than the recently approved 'CGIC' filing may result in a different justified rate increase. Therefore, to keep the filings consistent, and due to lack of credible data suggesting the projected experience will differ, the Company requests for the Bureau to review this filing's analysis as-is (that is, using the combined 'CGIC' and 'GAIC' experience and with a 10/31/2018 valuation date).

The justified rate increase of 150% requested by the company was calculated using the modified Prospective Present Value (PPV) method as outlined in the Actuarial Memorandum (Section 3). If the Bureau is willing to grant approval for the fully requested amount of 150% (as it did for the 'CGIC' filing), the Company will certify that the premium rate schedule, under moderately adverse experience (defined as a 10% deviation in the lifetime loss ratio), is reasonably expected

to be sustainable over the life of the form with no future premium increases anticipated. The same certification given for the 'CGIC' policies.

Objection Responses

1. *For all projections requested in this question, the baseline should comply with the following:*
 - a. *Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.*

Please note that Exhibit 4, which provides the projections requested in item #2 below (for nationwide experience excluding Florida), includes only premium paying policies.

- b. *For the pre-stability block, assumptions are to be best-estimate. For the post-stability block, assumptions may include appropriate margins for moderately adverse conditions.*

All projections reflect best-estimate assumptions and exclude any margins for moderately adverse conditions.

A margin for moderately adverse conditions of 10% is only applied to the projected incurred claims for the calculation of the justified rate increase (150%). Please see Section 3 of the Actuarial Memorandum for a description of this calculation.

Also, please note that all Virginia policyholders impacted by this filing are post-rate stability policies.

- c. *Premiums should be at the Virginia rate level for both historical and projected future.*

Please note that the '**State RtLvl**' columns in Exhibits 3, 4, and 6, under both the '**Without Proposed Rate Increase**' and '**With Proposed 150% Rate Increase**' Sections, reflect premiums adjusted to the Virginia-specific rate increase history.

- d. *Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.*

As stated in Section 10. D. of the Actuarial Memorandum, the supporting exhibits use the average maximum valuation interest rate of 4.3% to calculate the lifetime loss ratio.

2. *To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:*

- a. *current assumptions and current rates*
 - b. *current assumptions with the proposed rate increase*
 - c. *current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*
 - d. *actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test)*

e. *original assumptions and original premiums from inception*

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

Please see the excel version of the revised exhibits, ***GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx***, in which Exhibit 4 (showing the above requested subsets) is provided with working formulas (in blue font).

The pdf version of the exhibits, ***GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf***, also includes this revised Exhibit 4.

Providing these projections split by benefit period and inflation is not readily available to provide to the Department. This is a relatively large undertaking, and we do not currently have the resources to focus on this task. Please note that the 'CGIC' filing discussed in the summary at the top of this document (which this filing is a continuation of) was approved based on the aggregate nationwide premium paying experience.

The Exhibit 4 projections are separated into the following column sections:

- i. **'Expected Nationwide Cash Flows Under Original Pricing Assumptions'**: reflects original assumptions and original premiums from inception
- ii. **'Actual Nationwide Historical Experience with Projected Cash Flows Under Original Assumptions'**: reflects actual historical experience to the projection date and future projections based on the prior assumptions
- iii. **'Without Proposed Rate Increase'**: reflects current assumptions and current rates
- iv. **'With Proposed 150% Rate Increase'**: reflects current assumptions with the proposed rate increase
- v. **'With Proposed Rate Schedule Since Inception'**: current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

3. *For each of the six subsets of the business used in the projections above, please provide the active life reserves balance as of the projection date on a nationwide basis.*

Providing the active life reserves balance split by benefit period and inflation is not readily available to provide to the Department.

Please see the table below that includes the active life reserves on a Nationwide basis as of 12/31/2018. These values do not include the reserves based on asset adequacy. As noted in Section 14 of the Actuarial Memorandum, "Incurred claims are calculated without the impact of the change in active life reserves." Therefore, these reserves do not impact the justified rate increase calculated for this filing.

Form	Nationwide
2LTCIP0001	141,076,448

The annual statement for year end 2018 includes an additional actuarial reserve of \$525 million related to the Company's long-term care block of business that was posted as a result of asset adequacy analysis / cash flow testing. This reserve is not calculated at the form series or state level.

4. *Please provide the 58/85 Tests for each subset and include all projections required to validate those tests.*

Please see the excel version of the revised exhibits, ***GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx***, in which Exhibits 7 & 8 demonstrate the 60/80 and 58/85 Tests, respectively. The values in the Tests are linked directly from Exhibit 4.

The pdf version of the exhibits, ***GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf***, also includes these exhibits.

5. *Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.*

Please see the excel version of the revised exhibits, ***GALIC Exhibits - VA (2LTC) - Duplicate - Revised 07.22.2021.xlsx***, in which Exhibit 9 includes the requested rate increase history and status of existing rate increase requests in each state.

The pdf version of the exhibits, ***GALIC Exhibits - VA (2LTC) - Revised 07.22.2021.pdf***, also includes this exhibit.

6. *Please provide details of the original assumptions used.*

Please see the below details of the original assumptions used:

- a. **Claim Costs**: Milliman USA claim costs for long term care were utilized, based on the *2002 Milliman Long Term Care Claim Cost Guidelines*. The basis for these guidelines is governmental studies, experience of clients, and the expertise and judgment of Milliman USA actuaries.

Sample nationwide claim costs are shown below:

Illustrative Net Annual Claim Costs						
Attained Age	Elimination Period/Lifetime Max/Daily Max					
	90-day elim \$73,000 max \$100/day NH max \$50/day HHC max		60-day elim \$182,500 max \$100/day NH max \$100/day HHC max		0-day elim Unlimited max \$100/day NH max \$150/day HHC max	
	Male	Female	Male	Female	Male	Female
42	14.08	13.70	29.47	28.81	63.25	65.53
52	32.70	28.47	67.41	58.98	140.20	134.74
62	77.87	86.35	154.62	171.18	296.71	358.65
72	206.41	230.44	370.70	417.50	651.20	785.82
82	915.21	1,337.00	1,517.79	2,378.22	2,555.68	4,050.58

To these claim costs, durational select factors were applied to allow for the impact of underwriting, for the effect of marital status, and for the difference between actual charge levels and daily maximums (i.e. salvage).

Claim costs for the various available options were developed to be consistent with those of the policies.

Care advisory expenses were added to the claim costs to reflect the costs of the care advisory services. These care advisory costs were assumed to be 5% of claims.

b. Lapse Rates

The following annual lapse rates (excluding mortality) were assumed:

Duration	Ages <60	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
1	5%	6%	6%	7%	9%	10%
2	4	4	4	4	5	5
3	3	3	3	3	3	3
4+	2	2	2	2	2	2

Lapse rates for the limited pay plans were assumed to be half of the above during the premium-paying period and were assumed to be 0% once the policy was paid up.

c. Mortality

For non-institutional lives, mortality was assumed to be equal to the 1983 Group Annuitant Mortality Table, with selection factors applied (grading from 0.2 in duration 1 to 1.0 for durations 10+). For institutional lives, mortality was assumed to be equal to four times the 1979-81 US Life Mortality Table.

7. *Please advise if the current assumptions are consistent with the most recent asset adequacy testing.*

The assumptions are consistent with the Company's asset adequacy testing assumptions for 12/31/2018.

As discussed in the summary at the top of this document, the Company intended for this filing to use the same analysis, assumptions, and valuation date as used for the accompanying (and recently approved) 'CGIC' filing.

8. *Please provide a discussion of the level of credibility the Company placed on the 1,171 actual claims and how that was considered in the adjustment made to the LTCGs.*

Adjustments made to the LTCGs were based on a credibility-weighted approach, considering 1,082 claims to be fully credible. In particular, the calendar years 2014 to 2018, excluding NFO claims and exposure, were used as the focus for setting adjustments. Additionally, adjustments were developed at company level for increased credibility. In the case of this filing's impacted policy forms, the adjustments were developed based on the combined non-NFO experience of the GALIC product forms 1LTCG, 1LTCI, 2LTCI, and 4LTCI from 2014-2018. Additional claims adjustments were developed at a product form level based on further review of the experience analysis and were calculated such that the overall fit of the claims assumptions were unchanged

at the company level. Actuarial judgment was applied in some cases to preserve expected trends in the factors (e.g., increasing incidence by benefit period) and/or to account for benefit or demographic characteristics that are believed to contribute to patterns in LTC claim incidence experience.

9. *Please comment on the disparity between the implied voluntary lapse rate in years 10+ and the significantly higher current lapse rate as shown in Exhibit D-1.*

While there is disparity between the implied lapse rate and the “current” lapse rate on a duration-to-duration basis, both have an overall rate of 2.87% across all durations.

Also please note that the implied voluntary lapse rate is calculated as the total termination rate minus the expected mortality rate minus the actual benefit exhaustion rate. As such, it does not reflect actual lapse experience but rather an “implied” lapse experience.

Additionally, because deaths are underreported, the Company focuses on modeling total persistency rather than placing too much emphasis on the split between mortality and voluntary lapses. Therefore, the Company advises comparing the combination of the expected mortality and the “current” lapse rate to the total termination rate.

10. *Please provide all projections required to compute the “Prospective PV” and “If Knew/Makeup Blend” allowable increases as currently under consideration by the NAIC.*

Please note that Exhibit 4 provides the projections required to compute the “Prospective PV” allowable increase.

As discussed in the summary at the top of this document, the Company intended for this filing to use the same analysis and justified rate increase as used for the accompanying (and recently approved) ‘CGIC’ filing. Therefore, the Company requests for the justified rate increase to be based on the modified prospective present value approach as described in Section 3 of the Actuarial Memorandum.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

August 9, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 7/23/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

1. *Please provide a Statement of Variability for each form as necessary.*

The following Statements of Variability have been uploaded to SERFF:

- ***Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320).pdf***
- ***Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-BR.pdf***
- ***Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFO.pdf***
- ***Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)-CNFOLP.pdf***
- ***Statement of Variability (VA) CGI(GAL-01) - RINC(VA)(0320)LP.pdf***

2. *Pursuant to 14VAC5-101-60 5. provide a "John Doe" version of each final form to indicate how it is intended to be used.*

The following "John Doe" versions with the requested changes in Objection 4 have been uploaded to SERFF:

- ***RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 limited pay - John Doe.pdf***
- ***RINC Letter (GALIC) - 1LTC, 2LTC, 4LTC VA 2021.08 no limited pay - John Doe.pdf***

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

	<p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p> <p>[P.O. Box 203098 • Austin, TX 78720-3098 Toll Free: (866) 830-0607 • Fax: (888) 769-0737]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>There are different methods that a rate increase can be implemented. This statement will be used if the approval we receive from the state is to be implemented in multiple phases.</p> <p>The Company address is stated as variable in case of a change in the future.</p>
<p>Page 2</p>	<p>[2. Lower your premium by choosing to lower your coverage limits This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period],</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the</p>

	<p>please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>policyholder’s Benefit Reduction Form.</p> <p>This is bracketed because the numbering will reflect “2.” in cases where the bracketed benefit reduction option is excluded from the letter based on the policyholder’s benefits.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL-01) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3</p> <p>Page 3, continued</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p> <p>[866-830-0607]</p>	<p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This field is variable in the event of a future change.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p>
<p>Page 4</p>		

[\$XXX,XXX]

reduction options shown.

These fields will reflect the original and reduced maximum lifetime benefits for the downgrade maximum lifetime benefit reduction option.

[\$XXX.XX]

These fields will reflect the original and reduced maximum daily benefits for the downgrade maximum daily benefit reduction option.

[XX Days]

These fields will reflect the original and increased elimination periods for the increase elimination period benefit reduction option.

[Policy Number]

This field will reflect the policyholder's policy number.

[Policy Holder Name]

This field will reflect the policyholder's name.

[6]

The page number is bracketed due to potential variance.

Statement of Variability
Continental General Insurance Company
CGI(GAL-01) – RINC(VA)(0320)-CNFO

The following items are indicated as variable items in form CGI(GAL-01) – RINC(VA)(0320)-CNFO. This form applies to limited pay policies with cumulative increases that do not trigger a substantial premium increase and lifetime pay policies.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

Statement of Variability
Continental General Insurance Company
CGI(GAL-01) – RINC(VA)(0320)-CNFOLP

The following items are indicated as variable items in form CGI(GAL-01) – RINC(VA)(0320)-CNFOLP. This form applies to limited pay policies with cumulative increases that trigger a substantial premium increase.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7], [8]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>These page numbers will change to 5 and 6 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

	<p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p> <p>[P.O. Box 203098 • Austin, TX 78720-3098 Toll Free: (866) 830-0607 • Fax: (888) 769-0737]</p>	<p>This field will reflect the policyholder’s policy number.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>The mode used here will vary based on the policyholder’s premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder’s premiums.</p> <p>There are different methods that a rate increase can be implemented. This statement will be used if the approval we receive from the state is to be implemented in multiple phases.</p> <p>The Company address is stated as variable in case of a change in the future.</p>
<p>Page 2</p>	<p>[2. Lower your premium by choosing to lower your coverage limits This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section</p>

	<p>available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>[Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder’s Benefit Reduction Form.</p> <p>This is bracketed because the numbering will reflect “2.” in cases where the bracketed benefit reduction option is excluded from the letter based on the policyholder’s benefits.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(GAL-01) – RINC(VA)(0320)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3</p> <p>Page 3, continued</p>	<p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]</p> <p>[Rate Increase Effective Date]</p> <p>[866-830-0607]</p> <p>[Rate Increase Effective Date + 120 Days]</p>	<p>This field is variable in the event of a future change.</p> <p>The date used here will vary based on the policyholder’s premium payment dates.</p> <p>This is the company’s current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The date used here will vary based on the policyholder’s premium</p>

		payment dates.
Page 4		

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GFBRIVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
--	--	--

Continental General Insurance Company, the administrator for Great American Life Insurance Company's long term care insurance business, reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no changes to your coverage. No action is needed from you.

2. **Lower your premium by choosing to lower your coverage limits**
This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling us toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to us in the envelope provided.

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
This option allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call us toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call us at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to us in the envelope provided.

Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Assisted Living Facility Daily Benefit	\$999.99
Reduced Assisted Living Facility Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
AIXXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

This option shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

Sign and date the Contingent Nonforfeiture Benefit Form and return to us using the provided envelope.

2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply. Option 1 will be provided unless you tell us otherwise.

If you have questions, call us toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. AIXXXXXXXXXX Policy Holder Name: John Doe

Date: _____

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

GALRIPAVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AIXXXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
--	--	--

The Company will be implementing a 99% increase to your premium rates approximately one year after the current increase. Continental General Insurance Company, the administrator for Great American Life Insurance Company’s long term care insurance business, reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia’s State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

- 1. Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no changes to your coverage. No action is needed from you.
- 2. Lower your premium by choosing to lower your coverage limits**
This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling us toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to us in the envelope provided.
- 3. Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call us toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call us at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to us in the envelope provided.

Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
AIXXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to us using the provided envelope.
2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call us toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____

Date: _____

Policy No. A1XXXXXXXX

Policy Holder Name: John Doe

August 9, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 7/29/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Applies to:

[CGI\(GAL\) - RINC\(VA\)\(0320\), Other, CGI\(GAL\) - RINC\(VA\)\(0320\) \(Form\)](#)
[CGI\(GAL\) - RINC\(VA\)\(0320\)LP, Other, CGI\(GAL\) - RINC\(VA\)\(0320\)LP \(Form\)](#)

1. *We are concerned that the policyholder does not know they are contacting Great American Life Insurance Company . The customer service phone number provided is answered as Continental General Insurance Company. Please explain how a policyholder would understand to continue the call.*

In addition, the P.O. Box is the same provided for Continental General. We are concerned that addressing a letter to Great American Life Insurance Company to Continental General's P.O. box could be returned to sender due to an incorrect addressee.

Our concerns would be addressed if the company explained the relationship between Continental General and Great American Life explained who the Great American Life policyholder would be talking with about their long term care rates and any changes they are interested in making. That should be clear in the policyholder letter.

The sender address in the policyholder letter was changed back to Continental General Insurance Company. A statement that Continental General Insurance Company is the administrator for Great American Life Insurance Company was added to the body of the policyholder letter.

Applies to:

[CGI\(GAL\) - RINC\(VA\)\(0320\), Other, CGI\(GAL\) - RINC\(VA\)\(0320\) \(Form\)](#)
[CGI\(GAL\) - RINC\(VA\)\(0320\)LP, Other, CGI\(GAL\) - RINC\(VA\)\(0320\)LP \(Form\)](#)

2. *Please remove the redline versions of the policyholder notification letters from the Form Schedule tab and place these under the Supporting Documentation tab.*

The redlined versions have been updated to incorporate the changes above and placed under the Supporting Documentation tab. The previous redline versions have been removed.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

P.O. Box 203098
Austin, TX 78720-3098

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
--	--	--

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] ~~The Company~~Continental General Insurance Company, the administrator for Great American Life Insurance Company's long term care insurance business, reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to us in the envelope provided.] [

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

Your premium will increase to [\$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

[Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
 [Original Assisted Living Facility Daily Benefit	 [\$XXX.XX]
Reduced Assisted Living Facility Daily Benefit	[\$XXX.XX]
 [Original Home Health/Home and Community Care Daily Benefit	 [\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [3] – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
 Premium After Increasing Elimination Period	 [\$X,XXX.XX]

By signing below, I am authorizing ~~Continental General~~Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
[Policy Number]

Policy Holder Name: [Policy Holder Name]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

This option shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.

2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply. Option 1 will be provided unless you tell Us otherwise.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing ~~Continental General~~Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

[TEMPLATE ID]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
--	--	--

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] ~~The Company~~Continental General Insurance Company, the administrator for Great American Life Insurance Company's long term care insurance business, reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

[P.O. Box 203098 • Austin, TX 78720-3098
Toll Free: (866) 830-0607 • Fax: (888) 769-0737]

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to us in the envelope provided.] [

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call us at [866-830-0607]. Our Client Services Department can help.

Your premium will increase to [\$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to us in the envelope provided.

[Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
 [Original Assisted Living Facility Daily Benefit	 [\$XXX.XX]
Reduced Assisted Living Facility Daily Benefit	[\$XXX.XX]
 [Original Home Health/Home and Community Care Daily Benefit	 [\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
 Premium After Reducing Benefit	 [\$X,XXX.XX]

[Benefit Reduction Option [3] – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
 Premium After Increasing Elimination Period	 [\$X,XXX.XX]

By signing below, I am authorizing ~~Continental-General~~Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
[Policy Number]

Policy Holder Name: [Policy Holder Name]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to us using the provided envelope.
2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing ~~Continental General~~Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

August 31, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 8/10/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Applies to:

[Response to Objection #4 Dated 07/29/2021 \(Supporting Document\)](#)
[CGI\(GAL\) - RINC\(VA\)\(0320\), Other, CGI\(GAL\) - RINC\(VA\)\(0320\) \(Form\)](#)
[CGI\(GAL\) - RINC\(VA\)\(0320\)LP, Other, CGI\(GAL\) - RINC\(VA\)\(0320\)LP \(Form\)](#)

1. *The changes made to the top left corner of the letter does not comply with 14VAC5-101-60 2.*

We believe the company would be in compliance with something similar to the example below.

Great American Life Insurance Company (in bold text)
Administered by Continental General Insurance Company (not in bold text)
P. O. Box 203098
Austin, TX 78720

The top left corner of the RINC notification letters were changed to follow the example given above.

2. *In addition, please reverse the changes made in the second paragraph on page 1. Return to the original text "The Company" and remove the underlined new text.*

Please understand that Continental General Insurance Company does not have the right to request a future rate increase. Only Great American Insurance Company has that right.

The changes to the second paragraph on page 1 of the RINC notification letters were reversed to what was in the original submission.

3. *Throughout the letter the word "us" is used 26 times. This word is confusing to the policyholder. Our concern would be resolved if the company would review the entire letter and replace the word "us" with "our administrator, Continental General Insurance Company" or "our administrator" as appropriate.*

The word "us" has been removed and replaced with "our administrator" in the RINC notification letters.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: AIXXXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
--	--	--

The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact our administrator at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no changes to your coverage. No action is needed from you.

2. **Lower your premium by choosing to lower your coverage limits**
This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling our administrator toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to our administrator in the envelope provided.

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
This option allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to our administrator in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call our administrator toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow our administrator to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call our administrator toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to our administrator in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call our administrator at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to our administrator in the envelope provided.

Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Assisted Living Facility Daily Benefit	\$999.99
Reduced Assisted Living Facility Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
AIXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

This option shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

Sign and date the Contingent Nonforfeiture Benefit Form and return to our administrator using the provided envelope.

2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply. Option 1 will be provided unless you tell our administrator otherwise.

If you have questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. AIXXXXXXXXXX Policy Holder Name: John Doe

Date: _____

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: AIXXXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
--	--	--

The Company will be implementing a 99% increase to your premium rates approximately one year after the current increase. The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact our administrator at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

- 1. Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no changes to your coverage. No action is needed from you.
- 2. Lower your premium by choosing to lower your coverage limits**
This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling our administrator toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to our administrator in the envelope provided.
- 3. Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to our administrator in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call our administrator toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow our administrator to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call our administrator toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to our administrator in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call our administrator at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to our administrator in the envelope provided.

Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
AIXXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to our administrator using the provided envelope.
2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____

Date: _____

Policy No. A1XXXXXXXXX

Policy Holder Name: John Doe

January 5, 2022

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 12/07/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Applies to:

[CGI\(GAL-01\) - RINC\(VA\) \(0320\)-CNFO, Other, CGI\(GAL-01\) - RINC\(VA\) \(0320\)-CNFO \(Form\)](#)
[CGI\(GAL-01\) - RINC\(VA\) \(0320\)-CNFOLP, Other, CGI\(GAL-01\) - RINC\(VA\) \(0320\)-CNFOLP \(Form\)](#)

1. *We understand that the company has filed with the Virginia Bureau of Insurance a Contingent Nonforfeiture Benefit Endorsement (4LTC (GALIC)-CNFO-ENDORSE-VA) under SERFF #GLTC-132319508. Please explain the difference between that form and the two similar forms filed in this filing.*

The rate increase letters, Benefit Reduction Form and the Contingent Nonforfeiture Benefit Form included in this filing will be sent to the policyholder notifying them of the rate increase. If the policyholder signs and sends back the applicable Contingent Nonforfeiture Benefit Form ("**CGI (GAL) – RINC(VA)(0320)-CNFO**" or "**CGI (GAL) – RINC(VA)(0320)-CNFOLP**"), the Company will send the Contingent Nonforfeiture Benefit Endorsement ("**2LTC (GALIC)-CNFO-ENDORSE-VA**" for this policy form) to the policyholder outlining the benefit amount available to him/her after taking CNFO.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

January 5, 2022

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 2LTCIP0001 (VA)
SERFF Tracking Number: GLTC-132874956

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 12/16/2021 regarding the rate revision filing for the above-referenced policy forms. The following will address the Bureau's concerns:

Applies to:

[Response to Objection #3 Dated 07/23/2021 \(Supporting Document\)](#)

1. *Page 5 is blank in the John Doe letter when printed. In a legal document, a blank page should have a statement such as "Page is Intentionally Blank". Please advise why this is blank as it does not match the form. This does not allow the John Doe letter to line up with the forms as submitted under the Forms Schedule.*

The blank page in the Joe Doe letter for limited pay policies has been removed. Please see the revised John Doe letter named **RINC Letter (GALIC)- 1LTC, 2LTC, 4LTC VA 2021.12 limited pay - John Doe.pdf** uploaded to the Supporting Documentation section of SERFF.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing
Policy No.: AIXXXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium \$9,999.99	New Monthly Premium \$9,999.99	Rate Increase Percentage 99%
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The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact our administrator at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no changes to your coverage. No action is needed from you.

2. **Lower your premium by choosing to lower your coverage limits**
This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling our administrator toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to our administrator in the envelope provided.

3. **Stop paying premiums by choosing the Contingent Nonforfeiture benefit**
This option allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to our administrator in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call our administrator toll-free at 866-830-0607 if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply. This benefit still provides coverage by your policy, but at lower coverage limits. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form. This is not a cash value.

If you have a nonforfeiture rider on your policy, you may exercise this rider at anytime to stop paying premiums.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow our administrator to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call our administrator toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to our administrator in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call our administrator at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to our administrator in the envelope provided.

Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Assisted Living Facility Daily Benefit	\$999.99
Reduced Assisted Living Facility Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

Benefit Reduction Option 3 – Increase Your Elimination Period

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Great American Life Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____

Date: _____

Policy No.
AIXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for lowering your long-term care policy coverage. You can choose to lower your maximum lifetime benefit or lower the maximum payment you can receive for each day of care.

What are my new coverage options:

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

If you choose this option, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

This option shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

If you choose this option, the maximum payment you can receive for each day of care received is a percentage of what it currently is today. This percentage ranges from to 36% to 90% depending on how many premium payments you have made towards the total number of payments you originally elected to make.

Your elimination period and remaining lifetime benefit will remain at the level in effect at the time you chose this benefit.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Check the box below for the Contingent Nonforfeiture benefit you would like to choose.

Option 1: Lower Your Maximum Lifetime Benefit, Keep Maximum Daily Benefit

Option 2: Lower you Maximum Daily Benefit, Keep Your Maximum Lifetime Benefit

Sign and date the Contingent Nonforfeiture Benefit Form and return to our administrator using the provided envelope.

2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply. Option 1 will be provided unless you tell our administrator otherwise.

If you have questions, call our administrator toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Great American Life Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. AIXXXXXXXXXX Policy Holder Name: John Doe

Date: _____



[P.O. Box 203098 • Austin, TX • 78720-3098]

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

CONTRACT NUMBER: [VA00012456]
INSURED: [John Doe]
EFFECTIVE DATE: [January 1, 2022]

Per your recent request for and agreement to a Contract change, your Contract is hereby endorsed on the Effective Date shown above as follows:

Your Contract has been changed from a premium paying Long Term Care policy to a paid-up Long Term Care policy. The terms of the Endorsement will reduce the [Maximum Lifetime Benefit] [Maximum Lifetime Benefit and maximum daily benefit] [maximum daily benefit] provided by your Contract. [No further automatic benefit increases will occur through your inflation rider,] [[and] no future benefit restorations will occur as a result of your Full Restoration of Benefits Rider,] [[and] your Shared Benefit Amount will be modified according to the provisions of your Contract.]

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount. Your amount of coverage is indicated below.

Maximum Lifetime Benefit: [\$25,000.00]

Long Term Care Daily Benefit: [\$250.00]

Home Health/Home and Community Care Daily Benefit: [\$250.00]

Current Elimination Period: [30 days]

Benefits available under this Contingent Nonforfeiture Benefit Endorsement are not, nor do they include, a cash value option.

This Endorsement is hereby attached to and becomes part of your Contract. For purposes of this Endorsement, "Contract" means your policy/certificate.

 David D Ramsey
[David D. Ramsey, President]

 Elizabeth A. Lovaas
[Elizabeth A. Lovaas, Secretary]